The All-Payer Claims Database

Release 1.0
Documentation Guide

Appendices

June 2013

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Commonwealth of Massachusetts

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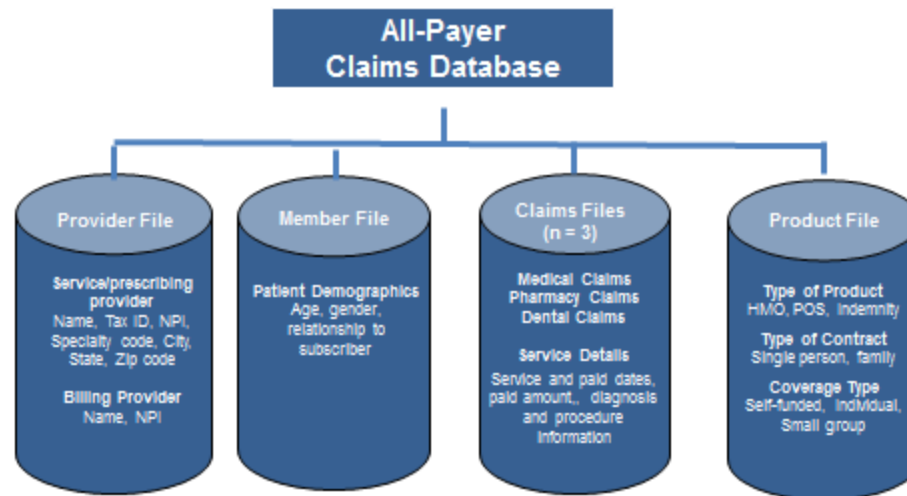**Center for Health Information and Analysis**

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APCD Files and Selected Data Elements

All-Payer Claims Database

Provider File

Service/prescribing provider
Name, Tax ID, NPI, Specialty code, City, State, Zip code

Billing Provider
Name, NPI

Member File

Patient Demographics
Age, gender, relationship to subscriber

Claims Files (n = 3)

Medical Claims
Pharmacy Claims
Dental Claims

Service Details
Service and paid dates, paid amount, diagnosis and procedure information

Product File

Type of Product
HMO, POS, Indemnity

Type of Contract
Single person, family

Coverage Type
Self-funded, Individual, Small group

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and two for the appendices—for a total of eight separate documents. All are available on the CHIA website.

INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the APCD.

The **APCD** is comprised of **medical**, **pharmacy**, and **dental claims**, and information from the **member eligibility**, **provider**, and **product** files, that is collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

APCD data collection and data release are governed by **regulations** which are available on the APCD website (see http://www.mass.gov/chia/gov/laws-regs/chia-regulations.html).

APCD DATA COLLECTION

History

Establishment of the Massachusetts APCD

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC. On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 21.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> "The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was released in 2012. Release 1.0 covers dates of service CY 2009-2011 and paid through February 2013.

APCD Data Collection Process

The data collected from the payers for the APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible.   The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes**[1] from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

Edits

When payers submit their data to CHIA for the APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center and APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- '**A**' level fields must meet their **APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any '**A**' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality and possibly suggest alternative threshold rates or possibly "ramping up" overtime to the threshold. CHIA's goal is to work with payers to improve the quality of the APCD overtime.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.[2]

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[1] For information on External Source Codes, refer to **Appendix 9** in the Appendices Release Document.

[2] For information on overall variance requests made by the payers and accepted by CHIA, see **Appendix 6**.

Broad Caveats

Researchers using the APCD Release 1.0 data should be aware of the following:

- Release files include data submitted to the Center through **February 2013**. Data submitted to the Center after February 2013 is **NOT** included in the files.
- Due to the variance process, data quality may vary from one payer to another. Consult Appendix 6 for more information.
- Claim Files submitted **through June 2010** were accepted with **relaxed edits**. (Refer to the edits section of this document.)
  - The release files contain the data submitted to the Center including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.[3]
- Some Release Data was manipulated for compliance with HIPAA:
  - Assignment of linkage IDs to replace reported linkage identifiers (see **Appendix 4**).
  - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
  - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

APCD Release 1.0 Overview

The **APCD** is comprised of data elements collected from **all Private and Public Payers**[4] of eligible **Health Care Claims** for Massachusetts Residents.[5] Data is collected in six file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, and **Provider (PV)**.   Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2011 as paid through February 28, 2013.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.[6]
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

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[3] Detail on the redaction process is available in **Appendix 3.**

[4] Medicare data is only available to state agencies. Medicaid data requires separate approval from the Massachusetts Executive Office of Health and Human Services.

[5] In certain instances out of state residents are included. Most notably enrollees in the State's Group Insurance Commission medical programs and enrollees in plans subject to the Massachusetts risk adjustment program for the Affordable Care Act.

[6] Note that Level 1 (de-identified) extracts of the Medical Claims (MC) and Pharmacy Claims (PC) APCD files will be released by CHIA in the coming months.

Changes from Preliminary Release 1 to Release 1.0

APCD Release 1.0 features substantive changes from the Preliminary Release. Most notably:

1. **The claims files (Medical, Pharmacy, and Dental) are organized based on Date of Service.**
   Previously the claims data was released based on Date of Submission.

2. **There is only one Provider File (PV) and one Product File (PR).**
   Previously, there were files for each year. Release 1.0 aggregates submissions across years.

3. **This release does not include Public Use data elements; only Restricted Use (Levels 2 and 3) elements.**
   The previous practice of releasing certain data elements as part of a package referred to as the Public Release has been replaced by a newly defined **Public Use File**, which will include de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files. This **separately released** Public Use File incorporates certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.

4. **Medicare and Medicaid data are now available.**
   Different use criteria apply. Consult the CHIA website and the data release regulations for details.

5. **Data elements have been assigned to different to release levels. Several data elements that were previously identified as "No Release" are now considered Level 2 ("Restricted Use").**
   Refer to the File Layout sections for details.

6. **In some instances, the logic used to clean the data may have changed**
   Refer to the Cleaning Logic section at the end of each File Layout for further details on the way the data was cleaned for each file type.

7. **Address and demographic data have been standardized across the files.**
   This standardization process increases its analytic value. Refer to the File Layout sections.

APPENDIX 1: LOOKUP TABLES AND CARRIER-SPECIFIC INFORMATION

Element-Specific vs. Carrier-Specific Lookup Tables

- In the File Layout section, **element-specific lookup tables** are included for a number of data elements for each File Type. These lookup tables apply to **all Carriers**. The lookup tables are not included in the June 2013 Release 1.0 APCD Data Release files but **are listed in each file type's release document**.

- Some data elements allow for **carrier-specific lookup tables**. The custom carrier-specific table uses payer ID to identify the lookup values applicable to that particular carrier.

Carrier-Specific Master Lookup Table

The **Master Lookup Table** containing **carrier-specific reference data** is included with the **Restricted Data Release**.

There is a row in the Master Lookup table for each unique Data Element/Org ID/existing Lookup Code. The Master Lookup table includes the following columns:

Column Name	Description
File Type:	MC, PV, ME, DC
Data Element:	The carrier-specific data elements include: DC026, MC032, MC080, MC124, MC132, ME076, PV029, PV030, PV042, PV043, PV044
Org ID	This field contains the Carrier Specific Submitter Code as defined by APCD (Payer Org ID).
Code	This field contains the Data Element Value (Lookup Code).
Description:	**Carrier-Specific Description** for the Org ID and Lookup Code.

APPENDIX 2: DATA PROTECTION/CONFIDENTIALITY

The Center is charged with protecting the confidentiality of individuals and organizations contributing data to the APCD. This requirement extends to customers receiving the APCD Data Release as well (please refer to the language in the Data Release regulations located on CHIA's website).

Masked Data Elements and Linking

In order to comply with confidentiality requirements for APCD data, the Center has applied masking procedures on certain APCD Data Elements prior to release. Masked elements are marked as [Masked] in the File Layout sections of each release document. Masking is introduced to protect the privacy of individuals and organizations.

Masking Confidential Data

- As a part of Carrier Submission processing, confidential data elements such as personal and organizational identifiers are stored at the Center in an **encrypted** state.
- Some of these confidential data elements are **masked for the APCD Data Release** (refer to the File Layout section).
    - Masking a data element's field contents produces a 256-character-maximum text field.
    - Masked data elements always "mask the same way", so that while the field contents are not recognizable, the masked value **can be linked** to an element containing the same masked value in another Claim, or in a Provider, Product, or Member Eligibility record.
- Masked data elements are in the **Level 2 group only** (Carrier Specific Unique Member ID). These elements will be released masked, and **only** to successful Level 2 Access candidates.

Null Values

- Null values are excluded from masking, to eliminate a possible result of false linking due to masked Null values that appear to match.
- Any Null values found in Masked fields will produce an empty field in the Release files.

APPENDIX 3: SSN REDACTION AND DATA STANDARDIZATION

Social Security (SSN) Redaction

In order to protect against the unintended disclosure of Social Security Number (SSN) data, certain data elements were subjected to a redaction process. This process removed the entire contents of a data field in the event it contained a string of numbers that **might** be a SSN.

The process of SSN redaction was applied against any field or data element that could not otherwise be validated against reference tables.

Data Standardization using Melissa Data

CHIA, to the greatest extent possible, standardized and validated demographic-related elements (i.e. Member Zip Code, Service Provider State, etc.) using Melissa Data Software. The purpose of validating and standardizing demographic elements is to ensure that fields are consistently formatted across the database.

In cases where demographic elements could **not** be standardized, the original reported data values have been released. As a precaution, reported data was subjected to redaction for SSN-like values (see above).

APPENDIX 4: LINKING ACROSS FILES AND DATA REIDENTIFICATION

Linking Across Files

The following does not take into account any APCD Data Release restrictions, masking, or edit levels. It is included here for reference only:

LINKAGE ELEMENTS:

PV001
PV002
PV039
PV040

PR001

ME001
ME036
ME038
ME040
ME046
ME107
ME117

MC001
MC024
MC026
MC076
MC077
MC079
MC112
MC125
MC134
MC135
MC137
MC141

PC001
PC043
PC048
PC050
PC056
PC059
PC107
PC108

DC001
DC018
DC020
DC042
DC056
DC057

Carrier-Based Data Files:
PR – Product File
ME – Member Eligibility
PV – Provider File

Provider-Based Data Files:
MC – Medical Claim File
PC – Pharmacy Claim File
DC – Dental Claim File

Claim Files
MC
PC
DC
MC001 – PC001 – DC001
MC137 – PC107 – DC056
MC141 – PC108 – DC057

(A)   PV-ME; PV-MC; PV-PC; PV-DC; PV – PV
PV001 – ME001
PV002 – ME036, ME046
PV039, PV040 – ME038

PV001 – MC001
PV002 – MC024, MC076, MC112, MC125, MC134, MC135
PV039, PV040 – MC026, MC077

PV001 – PC001
PV002 – PC043, PC059
PV039, PV040 – PC048

PV001 – DC001
PV002 – DC018
PV039, PV040 – DC020

PV002 – PV054, PV056

(B)   PR-ME; PR-MC; PR-PC; PR-DC
PR001 – ME040

PR001 – MC079

PR001 – PC056

PR001 – DC042

(C)   ME-MC; ME-PC; ME-DC
ME001 – MC001
ME107 – MC137
ME117 – MC141

ME001 – PC001
ME107 – PC107
ME117 – PC108

ME001 – DC001
ME107 – DC056
ME117 – DC057

Center for Health Information and Analysis

Last Updated: 5/17/2013 (AJ)
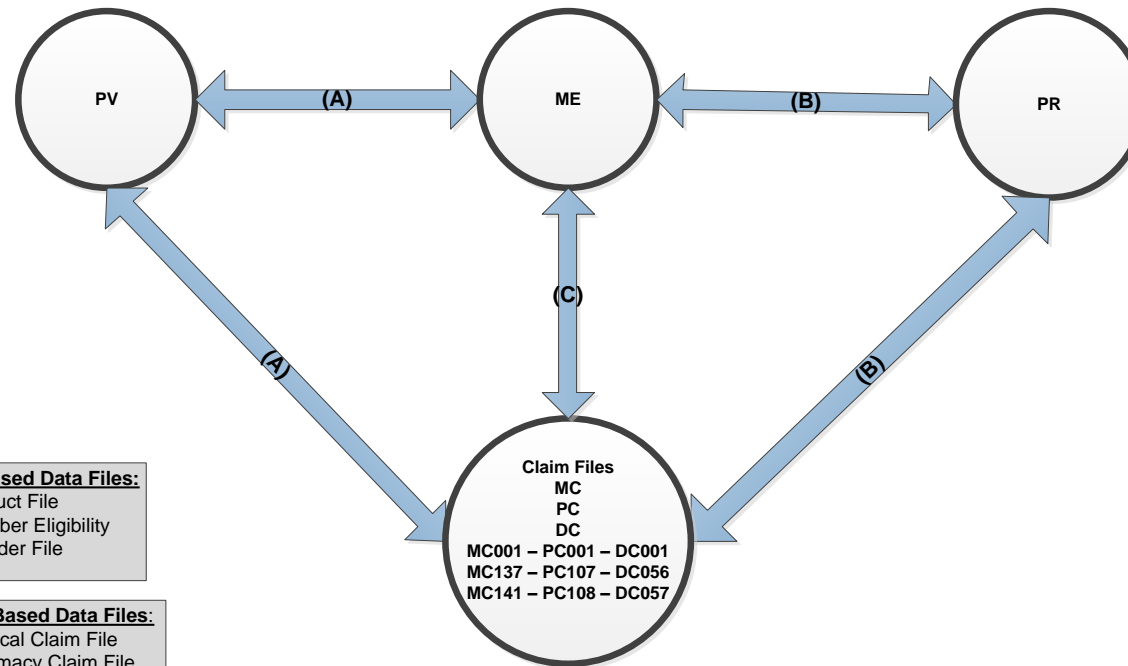
Data Reidentification

Provider and Product tables link to claims tables using data elements **Linking Plan Provider ID** (PV002) and **Linking Product ID** (PR001) respectively. Frequently the data values contain personal identifiable information. Consequently, in order to preserve linkage and yet protect patient confidentiality, the values have been re-identified using **integer** values which have no identification risks associated.

The Linkage ID is used to provide linkage of claims to Provider and Product reference files. The resulting re-identified values will be substituted for all related PV002 or PR001 linking elements in all releases.   As a result of this change, the data elements Provider ID (PV002) and Product ID (PR001) will **no longer be released as reported**, but will automatically contain the re-identified value.

For linkage purposes, the **same re-identified integer values** were substituted into the claims and eligibility files for the elements shown in the table below:

FILE	2013 Release Level	Element Code	Data_Element_ColumnName_Rel2013
Provider File Linkage Elements			
DC	2	DC018	Service Provider Number_Linkage_ID
MC	2	MC024	Service Provider Number_Linkage_ID
MC	2	MC076	Billing Provider Number _Linkage_ID
MC	2	MC079	Product ID Number_Linkage_ID
MC	2	MC112	Referring Provider ID_Linkage_ID
MC	2	MC125	Attending Provider_Linkage_ID
MC	2	MC134	Plan Rendering Provider Identifier_Linkage_ID
MC	2	MC135	Provider Location_Linkage_ID
ME	2	ME036	Health Care Home Number_Linkage_ID
ME	2	ME046	Member PCP ID_Linkage_ID
PC	2	PC043	Prescribing Provider ID_Linkage_ID
PC	2	PC059	Recipient PCP ID_Linkage_ID
PV	2	PV002	Linking Plan Provider ID
PV	2	PV054	Medical/Healthcare Home ID_Linkage_ID
PV	2	PV056	Provider Affiliation_Linkage_ID
Product File Linkage Elements			
DC	2	DC042	Product ID Number_Linking_ID
MC	2	MC079	Product ID Number_Linking_ID
ME	2	ME040	Product ID Number_Linking_ID
PC	2	PC056	Product ID Number_Linking_ID
PR	2	PR001	Linking Product ID

APPENDIX 5: EDIT IDs and Summary of Errors

Overview

When Payers deliver APCD data submissions to the Center, an Edits process is run on each submission file to check that the data complies with requirements for each file type and each data element. The file edits perform an important data quality check on incoming submissions from payers. On a data element level, they identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

In **Attachment A** there is a comprehensive Table of Edits detailing the data element and its corresponding Edit ID. In addition, Attachment A contains a list of the number of errors **per Edit ID**. Please review the attached document for further details.

APPENDIX 6: VARIANCE PROCESS

Overview

The Variance process is a collaborative effort between the payer and their assigned CHIA liaison to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields but must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. The Center liaison will carefully review the request and follow up with a discussion about how to improve data quality and suggest alternatives.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.

Examples:

- An example of an approved variance is for the Other Diagnosis fields on the Medical Claim file (data elements MC042 – MC053). To pay claims, it wasn't necessary for a particular carrier to retain more than the Primary or Admitting Diagnosis from claim forms so their historical data was allowed to have lower thresholds on these data elements. However, in working with their liaison, they have a remediation plan in place to start collecting this information going forward in 2012, thus eliminating the need for lower thresholds on these fields and improving the quality of the data.
- Payers may also use this process to request certain file type variances (i.e. a vision payer requesting a variance from having to submit pharmacy or dental claim files).

Variance Analysis

Following is a table of data elements with information about the **threshold Variance % requests** for each indicated data element. There is a row in the table for every data element with an accepted Variance request.

N	Number of Payers requesting Variances on the indicated data element	**Sum of Payers** with accepted variances
Mean	Mean of the threshold Variance requests	**Sum of Variance %'s / N**
Median	Midpoint of the threshold Variance requests	**50%** of the Variance Requests are at **Median** or less
Minimum	The minimum Variance% requested	**Lowest %** requested
Maximum	The maximum Variance% requested	**Highest %** requested

Analysis Notes:

- Threshold Submissions lower than expected for Restricted Data Elements – as of October 2012.

- The analysis excludes Payers that are **exempt** for submission, and also excludes variance requests that **were equal** to the expected threshold submission.

- The Expected Thresholds displayed are from the current lookup table on the APCD server. A few of the data element thresholds are temporarily relaxed to zero until they become applicable to submissions.

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
DC005A	Version Number	A0	3	100	1	0	0	0
DC006	Insured Group or Policy Number	C	2	98	3	0	0	0
DC007	Subscriber SSN	B	3	70	5	13	0	65
DC008	Plan Specific Contract Number	C	3	70	5	0	0	0
DC009	Member Suffix or Sequence Number	B	3	98	1	0	0	0
DC010	Member Identification Code	B	3	70	18	20	0	60
DC011	Individual Relationship Code	B	2	98	3	72	50	85
DC014	Member City Name	B	2	99	3	94	92	96
DC015	Member State or Province	B	2	99	1	92	92	92
DC016	Member ZIP Code	B	2	99	7	93	80	98
DC017	Date Service Approved (AP Date)	C	2	98	1	89	89	89
DC018	Service Provider Number	A1	2	100	9	16	0	98
DC019	Service Provider Tax ID Number	C	3	99	7	21	0	95
DC020	National Service Provider ID	C	2	98	34	45	0	96
DC021	Service Provider Entity Type Qualifier	A0	2	98	5	16	0	80
DC022	Service Provider First Name	C	2	98	13	46	0	94
DC023	Service Provider Middle Name	C	2	2	11	0	0	0
DC024	Service Provider Last Name or Organization Name	B	2	98	3	0	0	0
DC026	Service Provider Specialty	B	2	98	10	20	0	64
DC027	Service Provider City Name	B	2	98	5	1	0	5
DC028	Service Provider State	B	2	98	5	1	0	5
DC029	Service Provider ZIP Code	B	2	98	6	14	0	80
DC030	Facility Type - Professional	B	2	80	8	0	0	0
DC031	Claim Status	A0	2	90	2	70	70	70
DC032	CDT Code	A2	2	99	3	76	40	97
DC037	Charge Amount	A0	2	99	4	83	50	98
DC039	Copay Amount	A1	2	99	3	0	0	0
DC040	Coinsurance Amount	A1	2	99	1	0	0	0
DC041	Deductible Amount	A1	2	99	1	0	0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
DC042	Product ID Number	A0	2	100	2	50	0	99
DC044	Billing Provider Tax ID Number	C	3	90	3	17	0	50
DC045	Paid Date	A0	2	98	1	95	95	95
DC054	Member First Name	B	3	100	1	99	99	99
DC055	Member Middle Initial	C	3	2	3	0	0	0
DC056	CarrierSpecificUniqueMemberID	A0	3	100	1	0	0	0
DC057	CarrierSpecificUniqueSubscriberID	A0	3	100	1	0	0	0
DC058	Member Address 2	B	3	2	1	0	0	0
MC003	Insurance Type Code/Product	C	2	92	1	25	25	25
MC005A	Version Number	A0	3	100	3	0	0	0
MC006	Insured Group or Policy Number	C	2	95	3	0	0	0
MC007	Subscriber SSN	B	3	79	13	30	0	70
MC008	Plan Specific Contract Number	C	3	98	8	1	0	10
MC009	Member Suffix or Sequence Number	B	3	98	3	28	0	85
MC010	Member SSN	B	3	73	21	28	0	70
MC011	Individual Relationship Code	B	2	98	1	70	70	70
MC016	Member ZIP Code	B	2	98	3	91	85	97
MC017	Date Service Approved (AP Date)	C	2	93	1	90	90	90
MC018	Admission Date	A1	2	98	8	60	0	97
MC019	Admission Hour	C	2	5	6	0	0	0
MC020	Admission Type	A1	2	98	11	56	0	95
MC021	Admission Source	A1	2	80	6	25	0	75
MC022	Discharge Hour	C	2	5	6	0	0	0
MC023	Discharge Status	A1	2	98	13	66	0	97
MC024	Service Provider Number	A1	2	99	14	44	0	96
MC025	Service Provider Tax ID Number	C	3	97	21	49	0	96
MC026	National Service Provider ID	C	2	95	38	48	0	94
MC027	Service Provider Entity Type Qualifier	A0	2	98	10	39	0	90
MC028	Service Provider First Name	C	2	92	22	49	0	88
MC029	Service Provider Middle Name	C	2	2	10	0	0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
MC030	Servicing Provider Last Name or Organization Name	A2	2	94	13	41	0	85
MC031	Service Provider Suffix	Z	2	2	10	0	0	0
MC032	Service Provider Specialty	B	2	98	27	52	0	97
MC033	Service Provider City Name	B	2	98	18	54	0	97
MC034	Service Provider State	B	2	98	17	52	0	97
MC035	Service Provider ZIP Code	B	2	98	23	53	0	97
MC036	Type of Bill - on Facility Claims	A0	2	90	13	53	0	89
MC037	Site of Service - on NSF/CMS 1500 Claims	A0	2	65	5	27	0	60
MC038	Claim Status	A0	2	98	3	70	70	70
MC039	Admitting Diag3sis	A1	2	98	6	40	0	95
MC040	E-Code	C	2	3	13	0	0	2
MC041	Principal Diag3sis	A0	2	99	16	70	0	98
MC042	Other Diag3sis - 1	B	2	70	7	28	0	60
MC043	Other Diag3sis - 2	B	2	24	5	6	0	20
MC044	Other Diag3sis - 3	C	2	13	4	2	0	7
MC045	Other Diag3sis - 4	C	2	7	13	0	0	3
MC046	Other Diag3sis - 5	C	2	4	14	0	0	0
MC047	Other Diag3sis - 6	C	2	3	14	0	0	0
MC048	Other Diag3sis - 7	C	2	3	14	0	0	0
MC049	Other Diag3sis - 8	C	2	2	15	0	0	0
MC050	Other Diag3sis - 9	C	2	1	16	0	0	0
MC051	Other Diag3sis - 10	C	2	1	16	0	0	0
MC052	Other Diag3sis - 11	C	2	1	16	0	0	0
MC053	Other Diag3sis - 12	C	2	1	16	0	00	0
MC054	Revenue Code	A0	2	90	14	52	0	89
MC055	Procedure Code	A1	2	92	8	60	7	91
MC056	Procedure Modifier - 1	B	2	20	10	8	0	18
MC057	Procedure Modifier - 2	B	2	3	12	1	0	2
MC058	ICD9-CM Procedure Code	A2	2	66	9	9	0	37
MC060	Date of Service - To	A0	2	98	4	20	0	80

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
MC062	Charge Amount	A0	2	99	26	88	30	98
MC063	Paid Amount	A0	2	99	2	95	95	95
MC064	Prepaid Amount	B	2	99	10	0	0	0
MC065	Copay Amount	A1	2	99	3	0	0	0
MC066	Coinsurance Amount	A1	2	99	4	0	0	0
MC067	Deductible Amount	A1	2	99	4	0	0	0
MC068	Patient Control Number	A2	2	10	10	1	0	5
MC069	Discharge Date	B	2	98	9	45	0	95
MC070	Service Provider Country Code	C	2	98	8	30	0	94
MC071	DRG	B	2	20	10	1	0	10
MC072	DRG Version	B	2	20	20	1	0	10
MC073	APC	C	2	20	27	1	0	15
MC074	APC Version	C	2	20	29	0	0	10
MC075	Drug Code	B	2	1	22	0	0	0
MC076	Billing Provider Number	B	2	99	14	67	0	98
MC077	National Billing Provider ID	B	2	99	45	67	0	98
MC078	Billing Provider Last Name or Organization Name	B	2	99	12	52	0	97
MC079	Product ID Number	A0	2	100	5	75	0	96
MC080	Reason for Adjustment	A1	2	80	21	7	0	55
MC081	Capitated Encounter Flag	A0	2	100	1	0	0	0
MC083	Other ICD-9-CM Procedure Code - 1	C	2	1	5	0	0	0
MC084	Other ICD-9-CM Procedure Code - 2	C	2	1	8	0	0	0
MC085	Other ICD-9-CM Procedure Code - 3	C	2	1	10	0	0	1
MC086	Other ICD-9-CM Procedure Code - 4	C	2	1	11	0	0	0
MC087	Other ICD-9-CM Procedure Code - 5	C	2	1	12	0	0	0
MC088	Other ICD-9-CM Procedure Code - 6	C	2	1	15	0	0	0
MC092	Covered Days	B	2	80	15	30	0	70
MC093	3n Covered Days	B	2	80	12	3	0	40
MC094	Type of Claim	A0	2	100	5	78	0	99
MC096	Other Insurance Paid Amount	A2	2	90	6	0	0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
MC097	Medicare Paid Amount	B	2	98	11	8	0	89
MC098	Allowed amount	A2	2	99	1	0	0	0
MC099	3n-Covered Amount	B	2	98	2	42	0	83
MC103	Subscriber Middle Initial	C	3	2	1	0	0	0
MC106	Member Middle Initial	B	3	98	1	0	0	0
MC111	Diag3stic Pointer	B	2	90	28	25	0	88
MC112	Referring Provider ID	B	2	98	17	15	0	95
MC113	Payment Arrangement Type	A0	2	90	8	11	0	42
MC114	Excluded Expenses	B	2	80	13	3	0	40
MC115	Medicare Indicator	A0	2	100	4	0	0	0
MC116	Withhold Amount	B	2	80	11	0	0	0
MC117	Authorization Needed	B	2	100	6	0	0	0
MC118	Referral Indicator	A0	2	100	5	0	0	0
MC119	PCP Indicator	B	2	100	4	0	0	0
MC120	DRG Level	B	2	80	16	3	0	40
MC122	Global Payment Flag	A0	2	100	5	0	0	0
MC124	Denial Reason	B	2	80	6	39	0	78
MC125	Attending Provider	A1	2	98	36	61	0	97
MC126	Accident Indicator	B	2	100	6	13	0	75
MC128	Employment Related Indicator	B	2	100	5	15	0	75
MC130	Procedure Code Type	A1	2	80	7	21	0	60
MC134	Plan Rendering Provider Identifier	A0	2	100	20	55	0	98
MC135	Provider Location	B	2	98	27	33	0	92
MC136	Discharge Diag3sis	B	2	80	13	20	0	78
MC137	CarrierSpecificUniqueMemberID	A0	3	100	2	50	0	99
MC138	Claim Line Type	A0	2	90	1	0	0	0
MC140	Member Address 2	B	3	1	1	0	0	0
MC141	CarrierSpecificUniqueSubscriberID	A0	3	100	1	0	0	0
ME003	Insurance Type Code/Product	A1	2	96	4	21	0	85
ME006	Insured Group or Policy Number	A2	2	99	4		0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
ME007	Coverage Level Code	A1	2	99	5	38	0	98
ME008	Subscriber Unique Identification Number	A0	3	85	27	21	0	80
ME009	Plan Specific Contract Number	B	3	89	7	12	0	85
ME010	Member Suffix or Sequence Number	B	3	99	8	30	0	86
ME011	Member Identification Code	A2	3	68	42	25	0	62
ME012	Individual Relationship Code	A0	2	97	2	84	80	87
ME013	Member Gender	A0	2	100	2	55	15	95
ME014	Member Date of Birth	A0	2	99	2	80	75	85
ME015	Member City Name	A0	2	99	2	94	90	98
ME016	Member State or Province	A0	2	99	2	94	90	98
ME017	Member ZIP Code	A0	2	99	3	94	90	98
ME018	Medical Coverage	A0	2	100	1	0	0	0
ME019	Prescription Drug Coverage	A0	2	100	1	0	0	0
ME020	Dental Coverage	A0	2	100	1	0	0	0
ME021	Race 1	B	2	3	43	0	0	2
ME022	Race 2	C	2	2	46	0	0	0
ME023	Other Race	C	2	99	33	1	0	16
ME024	Hispanic Indicator	B	2	3	40	0	0	2
ME025	Ethnicity 1	B	2	3	45	0	0	2
ME026	Ethnicity 2	C	2	2	47	0	0	0
ME027	Other Ethnicity	C	2	99	34	3	0	97
ME029	Coverage Type	A0	2	90	2	0	0	0
ME030	Market Category Code	A0	2	95	6	0	0	0
ME033	Member language preference	B	2	3	28	0	0	2
ME034	Member language preference -Other	C	2	99	18	0	0	0
ME035	Health Care Home Assigned Flag	B	2	20	9	0	0	0
ME036	Health Care Home Number	C	2	90	11	0	0	0
ME037	Health Care Home Tax ID Number	C	3	90	12	5	0	55
ME038	Health Care Home National Provider ID	C	2	10	11	0	0	0
ME039	Health Care Home Name	C	2	90	11	5	0	60

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
ME040	Product ID Number	A0	2	100	6	14	0	85
ME042	Product Enrollment End Date	B	2	98	3	0	0	1
ME044	Member Address 2	B	3	2	4	1	0	1
ME046	Member PCP ID	B	2	98	8	13	0	97
ME047	Member PCP Effective Date	B	2	98	10	11	0	97
ME048	Member PCP Termination Date	B	2	98	10	11	0	97
ME049	Member Deductible	A2	2	90	20	8	0	80
ME051	Behavioral Health Benefit Flag	B	2	100	3	0	0	0
ME052	Laboratory Benefit Flag	B	2	100	1	0	0	0
ME053	Disease Management Enrollee Flag	B	2	100	6	0	0	1
ME058	Subscriber Street Address	A0	3	98	4	93	90	96
ME059	Disability Indicator Flag	C	2	100	1	0	0	0
ME061	Student Status	A0	2	100	2	38	0	75
ME062	Marital Status	B	2	100	5	26	0	80
ME063	Benefit Status	B	2	100	4	0	0	0
ME064	Employee Type	C	2	100	9	0	0	0
ME066	COBRA Status	B	2	80	1	0	0	0
ME073	Fully insured member	A0	2	100	1	0	0	0
ME077	Members SIC Code	C	2	2	24	0	0	0
ME081	Medicare Code	B	2	100	10	1	0	14
ME082	Employer Name	B	3	90	4	5	0	20
ME083	Employer EIN	B	3	90	19	4	0	75
ME101	Subscriber Last Name	A0	3	100	8	97	95	99
ME102	Subscriber First Name	A0	3	100	8	97	95	99
ME103	Subscriber Middle Initial	C	3	2	4	0	0	0
ME104	Member Last Name	A0	3	100	1	99	99	99
ME105	Member First Name	A0	3	100	1	97	97	97
ME106	Member Middle Initial	C	3	2	5	0	0	0
ME107	CarrierSpecificUniqueMemberID	A0	3	100	2	48	0	95
ME108	Subscriber City Name	A0	2	98	2	93	90	96

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
ME109	Subscriber State or Province	A0	2	99	7	97	90	98
ME110	Subscriber ZIP Code	A0	2	99	7	97	90	98
ME111	Medical Deductible	B	2	90	27	7	0	80
ME112	Pharmacy Deductible	B	2	90	31	3	0	50
ME113	Medical and Pharmacy Deductible	B	2	90	26	2	0	20
ME114	Behavioral Health Deductible	B	2	90	30	5	0	80
ME115	Dental Deductible	B	2	90	26	5	0	60
ME116	Vision Deductible	B	2	90	28	1	0	35
ME117	CarrierSpecificUniqueSubscriberID	A0	3	100	5	59	0	99
ME118	Vision Benefit	A0	2	100	2	0	0	0
PC003	Insurance Type Code/Product	C	2	95	3	8	0	25
PC004	Payer Claim Control Number	A0	2	100	1	40	40	40
PC005	Line Counter	A0	2	100	1	0	0	0
PC005A	Version Number	A0	3	100	3	0	0	0
PC006	Insured Group or Policy Number	C	2	98	3	0	0	0
PC007	Subscriber SSN	B	3	85	16	34	0	70
PC008	Plan Specific Contract Number	C	3	98	3	0	0	0
PC009	Member Suffix or Sequence Number	B	3	98	5	35	0	95
PC010	Member SSN	B	3	98	37	52	0	97
PC011	Individual Relationship Code	B	2	85	3	74	70	76
PC014	Member City Name of Residence	B	2	99	3	95	90	97
PC015	Member State	B	2	99	1	90	90	90
PC016	Member ZIP Code	B	2	99	3	95	90	97
PC018	Pharmacy Number	A0	2	98	5	53	0	90
PC019	Pharmacy Tax ID Number	C	3	20	12	0	0	0
PC020	Pharmacy Name	A2	2	90	2	38	0	75
PC021	National Pharmacy ID Number	C	2	98	8	63	0	95
PC022	Pharmacy Location City	B	2	85	2	0	0	0
PC023	Pharmacy Location State	B	2	90	2	0	0	0
PC024	Pharmacy ZIP Code	B	2	90	3	20	0	60

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
PC024A	Pharmacy Country Code	B	2	90	3	0	0	0
PC025	Claim Status	A0	2	65	3	21	0	31
PC026	Drug Code	A0	2	90	4	66	0	89
PC028	New Prescription or Refill	A0	2	99	2	24	0	47
PC031	Compound Drug Indicator	C	2	98	2	0	0	0
PC033	Quantity Dispensed	A1	2	99	5	48	0	90
PC034	Days Supply	A2	2	99	1	0	0	0
PC035	Charge Amount	A0	2	99	6	47	0	95
PC036	Paid Amount	A0	2	99	2	31	0	62
PC037	Ingredient Cost/List Price	A1	2	99	4	24	0	97
PC038	Postage Amount Claimed	C	2	99	15	0	0	0
PC039	Dispensing Fee	A1	2	99	3	62	0	96
PC040	Copay Amount	A1	2	99	2	48	0	96
PC041	Coinsurance Amount	A1	2	99	9	11	0	97
PC042	Deductible Amount	A1	2	99	3	0	0	0
PC043	Prescribing ProviderID	A0	2	80	14	26	0	79
PC044	Prescribing Physician First Name	B	2	50	7	0	0	0
PC045	Prescribing Physician Middle Name	C	2	2	11	0	0	0
PC046	Prescribing Physician Last Name	B	2	50	6	10	0	40
PC047	Prescribing Physician DEA Number	B	3	80	12	15	0	75
PC048	Prescribing Physician NPI	C	2	80	11	26	0	75
PC049	Prescribing Physician Plan Number	C	2	10	14	0	0	0
PC050	Prescribing Physician License Number	B	2	10	14	0	0	0
PC051	Prescribing Physician Street Address	C	2	10	9	0	0	4
PC052	Prescribing Physician Street Address 2	C	2	2	11	0	0	0
PC053	Prescribing Physician City	C	2	10	7	0	0	0
PC054	Prescribing Physician State	C	2	10	7	0	0	0
PC055	Prescribing Physician Zip	C	2	10	7	0	0	0
PC056	Product ID Number	A0	2	100	6	47	0	95
PC057	Mail Order pharmacy	B	2	100	1	0	0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
PC058	Script number	B	2	100	4	23	0	90
PC059	Recipient PCP ID	B	2	98	30	7	0	79
PC060	Single/Multiple Source Indicator	B	2	90	2	0	0	0
PC062	Billing Provider Tax ID Number	C	3	90	25	26	0	82
PC064	Date Prescription Written	B	2	80	6	0	0	0
PC066	Other Insurance Paid Amount	A2	2	90	6	12	0	70
PC068	Allowed amount	A2	2	99	8	0	0	0
PC069	Member Self Pay Amount	B	2	20	14	0	0	0
PC070	Rebate Indicator	B	2	85	7	0	0	0
PC071	State Sales Tax	B	2	80	1	0	0	0
PC073	Formulary Code	A0	2	90	2	0	0	0
PC074	Route of Administration	B	2	80	4	0	0	0
PC075	Drug Unit of Measure	A1	2	80	11	17	0	77
PC103	Subscriber Middle Initial	C	3	2	1	0	0	0
PC106	Member Middle Initial	C	3	2	1	0	0	0
PC107	CarrierSpecificUniqueMemberID	A0	3	100	3	55	0	83
PC108	CarrierSpecificUniqueSubscriberID	A0	3	100	5	92	82	99
PC110	Claim Line Type	A0	2	90	2	77	76	77
PR003	Carrier License Type	A0	2	100	8	0	0	0
PR004	Product Line of Business Model	A0	2	100	7	44	0	95
PR005	Insurance Plan Market	A0	2	100	5	21	0	70
PR006	Product Benefit Type	A0	2	100	4	0	0	0
PR007	Other Product Benefit Description	B	2	100	4	30	0	90
PR008	Risk Type	A2	2	100	4	24	0	95
PR009	Product Start Date	A0	2	100	4	0	0	0
PR010	Product End Date	B	2	100	3	0	0	0
PR011	Product Active Flag	C	2	100	2	49	0	98
PR012	Annual Per Person Deductible Code	B	2	100	10	2	0	20
PR013	AnnualPer Family Deductible Code	B	2	100	10	2	0	20
PR014	Coordinated Care model	C	2	100	5	0	0	0

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
PV001	Payer	A0	2	100	1	0	0	0
PV002	Plan Provider ID	A0	2	100	3	53	32	96
PV003	Tax Id	A2	3	98	28	67	0	97
PV005	DEA ID	B	3	98	27	38	0	96
PV006	License Id	B	2	98	11	10	0	50
PV008	Last Name	A0	2	98	5	77	50	96
PV009	First Name	A2	2	98	13	58	10	96
PV010	Middle Initial	C	2	1	7	0.0	0	0
PV011	Suffix	Z	2	1	10	0.1	0	1
PV012	Entity Name	A1	2	98	7	34.3	0	80
PV013	Entity Code	A0	2	98	17	21.0	0	93
PV014	Gender Code	B	2	20	7	2.1	0	15
PV015	DOB Date	B	2	20	20	2.6	0	15
PV016	Street Address1 Name	A1	2	98	7	84.3	60	95
PV018	City Name	A1	2	98	5	81.2	60	95
PV019	State Code	A0	2	98	4	86.5	75	95
PV020	Country Code	C	2	98	4	44.0	0	88
PV021	Zip Code	A0	2	98	6	81.8	60	95
PV022	Taxo3my	C	2	50	34	8.5	0	40
PV023	Mailing Street Address1 Name	A0	2	98	5	81.8	60	95
PV025	Mailing City Name	A0	2	98	3	76.7	60	95
PV026	Mailing State Code	A0	2	98	2	85.0	75	95
PV027	Mailing Country Code	C	2	98	2	0.0	0	0
PV028	Mailing Zip Code	A0	2	98	3	78.3	60	95
PV029	Provider Type Code	A1	2	98	10	42.7	0	90
PV030	Primary Specialty Code	B	2	98	18	49.5	0	96
PV034	ProviderIDCode	A0	2	100	8	49.5	0	99
PV035	SSN Id	A1	3	98	60	46.8	0	95
PV036	Medicare Id	B	2	90	24	10.6	0	60
PV037	Begin Date	A2	2	98	11	26.4	0	90

Data Element	Data Element Description	Edit Level	Release Indicator 2=Level 2, 3=Level 3	Expected Threshold	N	Mean	Minimum	Maximum
PV038	End Date	B	2	98	6	0.0	0	0
PV039	National Provider ID	B	2	98	47	54.5	0	92
PV040	National Provider2 ID	C	2	1	26	0.0	0	0
PV042	Secondary Specialty2 Code	B	2	1	26	0.0	0	0
PV045	P4PFlag	B	2	100	8	0.0	0	0
PV046	3nClaimsFlag	B	2	100	7	0.0	0	0
PV047	Uses Electronic Medical Records	B	2	100	8	0.0	0	0
PV049	Accepting New Patients	B	2	100	8	0.3	0	2
PV050	Offers e-Visits	C	2	100	7	0.0	0	0
PV052	Has multiple offices	A0	2	100	4	0.0	0	0
PV055	PCP Flag	A0	2	100	1	0.0	0	0
PV056	Provider Affiliation	B	2	99	19	14.5	0	95
PV057	Provider Telephone	C	2	10	5	0.8	0	2
PV058	Delegated Provider Record Flag	B	2	100	3	0.7	0	2
PV060	Office Type	A0	2	95	14	0.0	0	0
PV061	Prescribing Provider	C	2	100	5	19.6	0	98
PV062	Provider Affiliation Start Date	A0	2	98	28	17.6	0	90
PV063	Provider Affiliation End Date	B	2	98	18	5.0	0	30
PV064	PPO Indicator	A0	2	100	4	0.0	0	0

Example of blank Variance Request form

Screenshot: *Blank Request Variance Form V2 1 (2).xlsx - Microsoft Excel*

Field ID	Data Element Name	Standard Threshold	Current Threshold	Proposed Threshold	Claims Paid Begin Date	Claims Paid End Date	Compliance Date	Rationale for Threshold Variance	Plan Attached
ME001	Payer	100.00%			01/2008				
ME002	National Plan ID	0.00%			01/2008				
ME003	Insurance Type Code/Product	95.00%			01/2008				
ME004	Year	100.00%			01/2008				
ME005	Month	100.00%			01/2008				
ME006	Insured Group or Policy Number	99.00%			01/2008				
ME007	Coverage Level Code	99.00%			01/2008				
ME008	Subscriber Unique Identification Number	85.00%			01/2008				
ME009	Plan Specific Contract Number	88.00%			01/2008				
ME010	Member Suffix or Sequence Number	99.00%			01/2008				
ME011	Member Identification Code	68.00%			01/2008				
ME012	Individual Relationship Code	97.00%			01/2008				
ME013	Member Gender	100.00%			01/2008				
ME014	Member Date of Birth	99.00%			01/2008				
ME015	Member City Name	98.00%			01/2008				
ME016	Member State or Province	99.00%			01/2008				
ME017	Member ZIP Code	99.00%			01/2008				
ME018	Medical Coverage	100.00%			01/2008				
ME019	Prescription Drug Coverage	100.00%			01/2008				
ME020	Dental Coverage	100.00%			01/2008				
ME021	Race 1	3.00%			01/2008				
ME022	Race 2	2.00%			01/2008				
ME023	Other Race	99.00%			01/2008				
ME024	Hispanic Indicator	3.00%			01/2008				
ME025	Ethnicity 1	3.00%			01/2008				
ME026	Ethnicity 2	2.00%			01/2008				
ME027	Other Ethnicity	99.00%			01/2008				
ME028	Primary Insurance Indicator	80.00%			01/2008				
ME029	Coverage Type	90.00%			01/2008				
ME030	Market Category Code	95.00%			01/2008				
ME031	Special Coverage	0.00%			01/2008				
ME032	Group Name	80.00%			01/2008				
ME033	Member language preference	3.00%			01/2008				
ME034	Member language preference -Other	99.00%			01/2008				
ME035	Health Care Home Assigned Flag	20.00%			01/2008				
ME036	Health Care Home Number	90.00%			01/2008				
ME037	Health Care Home Tax ID Number	90.00%			01/2008				
ME038	Health Care Home National Provider ID	10.00%			01/2008				
ME039	Health Care Home Name	90.00%			01/2008				
ME040	Product ID Number	100.00%			01/2008				
ME041	Product Enrollment Start Date	98.00%			01/2008				
ME042	Product Enrollment End Date	98.00%			01/2008				
ME043	Member Street Address	90.00%			01/2008				
ME044	Member Address 2	2.00%			01/2008				
ME045	Filler	0.00%			01/2008				

Note (Compliance Date): If approved, the date you will be in compliance with the standard threshold. Enter date as MM/DD/YYYY

Sheet tabs: General Instructions, Software Instructions, Statement of Certification, Member Eligibility, Medical Claims, Dental Claims, Pharmacy Claims, Provider, Pro...

APPENDIX 7: CONTACT INFORMATION

The Center for Health Information and Analysis is located in downtown Boston, in the China Trade Center, at the corner of Boylston and Washington streets.

Please contact the Center with questions regarding the content and use of the data.

Center for Health Information and Analysis
2 Boylston Street, 5th floor
Boston, MA 02116-4734
617-988-3100 (voice)
617-727-7662 (fax)

For general APCD questions, email the APCD mailbox:

CHIA-APCD@state.ma.us

For questions regarding data requests/applications, email the APCD data application mailbox:

apcd.data@state.ma.us

APPENDIX 8: GLOSSARY OF TERMS

Term	Definition
Accident Indicator	A yes/no indicator that originates from the Professional Claims format to assess insurance liability29, financial responsibility and aid with clinical assessments.
Adjudication Data	Any data that describes how a claim was processed for payment. Typically information that would go back to the provider of services is used, but could include contract level information as well.
Admitting Diagnosis	This is the diagnosis (of a unique set of diagnoses) that supports a physician's order to admit a patient into an inpatient setting at a facility.
All-Payer Claims Database (APCD)	The All Payer Claims Data Base (APCD) is a dataset of members, providers, products and claims from payers that allow for a broad understanding of cost and utilization across institutions and populations.
Ambulatory Payment Classification (APC)	A payment methodology applied to outpatient claims in a facility; defined by Federal Balanced Budget Act for Medicare claims originally.
Ancillary Services	Any service that supports the primary reason for the medical visit. This can be laboratory, X-ray or other services within or outside of the same facility.
APC	See Ambulatory Payment Classification.
APCD	See All-Payer Claims Database.
APCD Field Threshold	The percentage of correct data that needs to be submitted for a particular field to ensure that it "passes". See Variance Request.
Applicant	An individual or organization that requests health care data and information in accordance with 114.5 CMR 22.03.
Attending Provider	A provider that has direct care oversight of the patient. Typically an individual reported on Facility Inpatient Claims.
Billing Provider	A provider entity that sends claims and requests for adjudication to a carrier for payment.
Capitated Encounter Flag	A MA APCD Flag Indicator that reports a line-item as being covered under a capitation arrangement.
Capitated Payment	Capitation is a contractual payment arrangement between provider and payer. It is the 'per member per month' methodology that does not take 'per service' into account during the contract timeframe.
Carrier-Specific Unique Member ID	The number a carrier uses internally to uniquely identify the member.
Carrier-Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.
Center For Health Information and Analysis	An agency of the Commonwealth of Massachusetts responsible for providing reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes. Formerly the Division of Health Care Finance and Policy until November 5, 2012.
Center	See Center for Health Information and Analysis.

Term	Definition
CDT Code	See Common Dental Terminology Code.
CHIA	See Center for Health Information and Analysis.
Claim	A request for payment on rendered services to likely members. Claims can be in many formats: see UB04, HIPAA 837, Reimbursement Form, and Direct Data Entry.
Claim Line	An individual service reporting of a claim. See Line Counter.
Claim Line Type	A MA APCD value that reports a claim line status that moderately relates to the final digit (Frequency Code) of the Type of Bill or Place of Service code on a claim. Options are Original, Void, Replacement, Back Out and Amendment.
Claim Status	A MA APCD value that reports how a claim was processed by the reporting carrier. Relates to reimbursement order on claims.
Claims Adjudication	An evaluation process employed by insurance companies and/or their designees to process claims data for payment to providers.
Claims Data	Information consisting of, or derived directly from, member eligibility information, medical claims, pharmacy claims, dental claims, and all other data submitted by health care payers to the Center.
CMS	See Centers for Medicare & Medicaid Services
COB	See Coordination of Benefits
COBRA	See Consolidated Omnibus Budget Reconciliation Act
Coinsurance Amount	Usually defined as a percentage of the claim that the subscriber pays on covered services to the provider after deductibles have been met, per the plan contract. Also see Cost Sharing and/or Out of Pocket Expense
Common Dental Terminology Code (CDT Code)	A code set developed for dental procedure reporting by the American Dental Association
Compound Drug Indicator	A MA APCD Flag Indicator that reports if a pharmacy line had to be compounded for the patient due to patient-specific needs (weight, allergies, administration route) or unavailability of the drug in certain measures.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Refers to the COBRA legislation that requires offering continued health care coverage when a qualifying event occurs with the employed family member. Usually only required of large group employers (20+ employees) under a modified payment schedule for same level of coverage.
Coordination of Benefits (COB)	A process that occurs between provider, subscriber(s) of same household, and two or more payers to eliminate multiple primary payments.
Coordination of Benefits/TPL Liability Amount	The amount calculated by a primary payer on a claim as the amount due from a secondary or other payer on the same claim when the primary payer is aware of other payers.
Copayment Amount	Usually defined as a set amount paid by the subscriber to the provider for a given outpatient service, per the plan

Term	Definition
	contract. Also see Cost Sharing and/or Out of Pocket Expense.
Coverage Level Code	A MA APCD value submitted by the carrier that refines a line of eligibility to report the definition and size of covered lives.
Covered Days	The number of inpatient days covered by the plan under the member's eligibility. See Noncovered Days.
Date Service Approved (AP Date)	This is the date that the claim line was approved for payment. It can be several days (or weeks) prior to the Paid Date or on the Paid Date, but cannot fall after the Paid Date.
DC File	See Dental Claim File
DDE	See Direct Data Entry
Deductible	Usually defined as an annual set amount paid by the subscriber to the provider prior to the plan applying benefits. Deductibles can be inpatient and/or outpatient as they are payer/plan specific. Also see Cost Sharing and/or Out of Pocket Expense.
Delegated Benefit Administrator	CHIA assigned Org ID for Benefit Administrator. A Delegated Benefit Administrator is an entity that performs a combination of activities related to benefit enrollment, management and premium collection on behalf of a payer.
Denied Claims	Claims and/or Claim Lines that a payer will not process for payment due to non-eligibility or contractual conflicts.
Dental Claim File (DC File)	A MA APCD File Type for reporting all Paid Dental Claim Lines of a given time period. File accommodates Replacement and Void lines.
Diagnostic Related Group (DRG)	Diagnostic Related Group: A system to classify hospital inpatient admits into a defined set of cases by numeric representation. Payment categories that are used to classify patients for the purpose of reimbursing providers for each case in a given category with a fixed fee regardless of the actual costs incurred.
Disability Indicator Flag	Indicator that a member has a disability. A yes/no indicator that originates from the Professional Claims format to assess insurance liability, financial responsibility and aid with clinical assessments.
Disease Management Enrollee Flag	A MA APCD Flag Indicator that reports if a member's chronic illness is managed by plan or vendor of plan.
Dispense as Written Code	Prescription Dispensing Activity Code
DRG	See Diagnostic Related Group
DRG Level	A reporting refinement from the Diagnostic Related Group coding that reports a level of severity of the case.
DRG Version	The version of the Diagnostic Related Group, a numbering system within the application used to allocate claims into the appropriate grouping date. This is mostly an annual process, although other updates are received.
E-Code	See External Injury Code
EFT	See Electronic Funds Transfer
Employer EIN	Employer Identification Number (Federal Tax Identification Number) of the member's employer.

Term	Definition
Employment Related Indicator	Service related to Employment Injury. A yes/no indicator that originates from the Professional Claims format to assess insurance liabilty, financial responsibility and aid with clinical assessments.
Encounter Data	Detailed data about individual services provided by a capitated managed care entity.
EOB	See Explanation of Benefits.
EPO	See Exclusive Provider Organization.
EPSDT Indicator	Indicates that Early Periodic Screening, Diagnosis and Treatment (EPSDT) were utilized. A yes/no indicator that originates from the Professional Claims format to assess insurance liabilty, financial responsibility and aid with clinical assessments.
Excluded Expenses	Amount that the plan has determined to be above and beyond plan/benefit limitations for a given patient. Related to non-covered services.
Exclusive Provider Organization (EPO)	A managed care product type that requires each member to have a PCP assignment within a limited network but offers affordable coverage.
External Code Source	External code sources are lists of values generally accepted as a standard set of values for a given element. Example: Revenue Codes as defined by the National Uniform Billing Committee.
External Injury Code (E-Code)	ICD Diagnostic External Injury Code for patients with trauma or accidents. A subsection of the International Classification of Diseases Diagnosis Codes that specifically enumerate various types of accidents and traumas before diagnoses are applied.
Fee for Service	A payment methodology where each service rendered is considered for individual reimbursement.
Final Version	XXXX
Former Claim Number	This is a prior claim number originally assigned to the claim by the provider of service. Its use in the APCD dataset is usually to aid with versioning of a claim where versioning cannot be applied due to system limitations.
Formulary Code	A MA APCD Flag Indicator that reports a line-item as being listed on a payers list of covered drugs. This reporting helps to understand patient-out-of-pocket expenses.
Fully-Insured	In a fully insured plan, the employer pays a per-employee premium to an insurance company, and the insurance company assumes the risk of providing health coverage for insured events.
GIC	See Group Insurance Commission.
Global Payment	Payments received of a fixed-value for predefined services on members within a predefined time frame.
Global Payment Flag	A MA APCD Flag Indicator that reports a line-item as being paid under a Global Payment arrangement. See Global Payment.
Group Insurance Commission	The Group Insurance Commission (GIC) is an entity charged with overseeing health and tangent benefits of state employees, retirees and dependents.

Term	Definition
Grouper	A tool/application that evaluates each claim and determines where the claim falls clinically across a broad spectrum of values (cases). This can be applied to inpatient and outpatient claims based on the grouper used.
Health Care Home	See Patient Centered Medical Home.
Health Care Payer	A Private or Public Health Care Payer that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health services. A Health Care Payer includes an insurance carrier, a health maintenance organization, a nonprofit hospital services corporation, a medical service corporation, Third-Party Administrators, and self-insured plans.
Health Plan Information	Information submitted by Health Care Payers in accordance with 114.5 CMR 21.03(2).
ICD9-CM	See International Classification of Diseases, 9th edition, Clinical Modification.
Individual Relationship Code	Indicator defining the Member/Patient's relationship to the Subscriber.
Insurance Type Code/Product	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, and Workers Compensation.
International Classification of Diseases, 9th Edition, Clinical Modification	Refers to the International Classification of Diseases, 9th Revision Codes, and Clinical Modification (ICD-9-CM) procedure codes.
Last Activity Date	This is the date that a subscriber's or member's eligibility for any given product was last edited.
Line Counter	An enumeration process to define each service on a claim with a unique number. Process follows standard enumeration from other billing forms and formats.
Logical Observation Identifiers, Names and Codes (LOINC)	Lab Codes for Logical Observation Identifiers, Names and Codes. A method for reporting laboratory findings of specimens back to a health care provider / system.
LOINC	See Logical Observation Identifiers, Names and Codes.
Major Diagnostic Category (MDC)	The Major Diagnostic Categories (MDC) is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each Category relates to a physical system, disease, or contributing health factor.
Managed Care Organization	A product developed to control costs of care management through various methods; i.e., limited network, PCP assignment, case management.
Market Category Code	A MA APCD ME File refinement code that explains what market segment the policy that the subscriber/member has selected falls under.
MassHealth	The Massachusetts Medicaid program.
MC File	See Medical Claim File.
MCO	See Managed Care Organization.
MDC	See Major Diagnostic Categories.

Term	Definition
Medicaid MCO	A Medicaid Managed Care Organizations is a private health insurance that has contracted with the state to supply Managed Care products to a select population.
Medical Claim File (MC File)	A MA APCD File Type for reporting all Paid Medical Claim Lines of a given time period. File accommodates Facility, Professional, Reimbursement Forms and Replacement and Void lines.
Medicare Advantage	A Medicare Advantage Plan (Part C) is a Medicare health plan choice offered by private companies approved by Medicare. The plan will provides all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage such as vision or dental coverage
Medicare Benefits (Part A & B)	Health insurance available under Medicare Part A and Part B through the traditional fee-for-service payment system. Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care. Part B helps cover medically-necessary services like doctors' services, outpatient care, durable medical equipment, home health services, and other medical services.
Member	A person who holds an individual contract or a certificate under a group arrangement contracted with a Health Care Payer.
Member Deductible	Annual maximum out of pocket Member Deductible across all benefit types. See Deductible.
Member Deductible Used	Member deductible amount incurred.
Member Eligibility File	A file that includes data about a person who receives health care coverage from a payer, including but not limited to subscriber and member identifiers; member demographics; race, ethnicity and language information; plan type; benefit codes; enrollment start and end dates; and behavioral and mental health, substance abuse and chemical dependency and prescription drug benefit indicators.
Member PCP Effective Date	Begin date for member enrollment with Primary Care Provider (PCP).
Member PCP ID	The member's Primary Care Physician's ID.
Member PCP Termination Date	Member termination date from that Primary Care Provider (PCP).
Member Rating Category	Utilized for Medicaid MCO members only, it defines the Member Medicaid MCO category.
Member Self Pay Amount	The amount that a Patient pays towards the claim/service prior to submission to the carrier or its designee.
Member Suffix / Sequence Number	Uniquely numbers the member within the health insurance contract
Members SIC Code	A code describing the line of work the enrollee is in. Carriers will use Standard Industrial Classification (SIC) code values.
NAICS	See North American Industry Classification System.
National Billing Provider ID	National Provider Identification (NPI) of the Billing Provider
National Council for Prescription Drug Programs (NCPDP)	The Standards Organization for the pharmacy industry.

Term	Definition
National Plan ID	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.
National Provider Identification (NPI)	A unique identification number for covered health care providers and health plans required under the Health Insurance Portability and Accountability Act (HIPPA) for Administrative Simplification.
National Service Provider ID	National Provider Identification (NPI) of the Servicing Provider.
NCPDP	See National Council for Prescription Drug Programs
Non Covered Days	The number of inpatient days not covered by the plan under the member's eligibility. See Covered Days.
Non-Covered Amount	An amount that refers to services that were not considered covered under the member's eligibility.
North American Industry Classification System (NAICS)	North American Industry Classification System: a standard classification system used to define businesses and the tasks within a business for statistical analysis, used by Federal statistical agencies for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy
NOT NEEDED:	
NPI	See National Provider Identification
Organization Identification (Org ID)	A CHIA contact management unique enumeration assigned to any entity to allow for identification of that entity. This internally generated ID is used by CHIA to identify everything from carriers to hospitals in addition to other sites of service.
OrgID	See Organization Identification
P4P	See Pay for Performance
Paid Date	The date that a claim line is actually paid. Date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment. This can be the same date as Processed Date.
Patient	An individual that is receiving direct clinical care or oversight of self-care.
Patient Centered Medical Home (PCMH)	An approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family
Patient Control Number	This is a unique identifier assigned by the provider for individual encounters of care or claims.
Payer	See Health Care Payer
Payer Claim Control Number	A unique identifier within the payer's system that applies to the entire claim for the life of that claim. Not to be confused with Patient Control Number that originates at the provider site.
Payment	Financial transfer from payer to provider for services rendered to patients, quality maintenance, performance measures or training initiatives.
PBM	See Pharmacy Benefit Manager

Term	Definition
PC File	See Pharmacy Claim File
PCMH	See Patient Centered Medical Home
PCP	See Primary Care Physician
PCP Indicator	A MA APCD Flag Indicator that reports a claim line-item as being performed by the patient's Primary Care Physician. See Primary Care Physician
Pharmacy Benefit Manager (PBM)	A Pharmacy benefit manager (PBM) is a company that administers all or some portion of a drug benefit program of an employer group or health plan.
Pharmacy Claim File (PC File)	A MA APCD File Type for reporting all Paid Pharmacy Claim Lines of a given time period. File accommodates Replacement and Void lines.
Plan Rendering Provider Identifier	Carrier's unique code which identifies for the carrier who or which individual provider cared for the patient for the claim line in question.
Plan Specific Contract Number	Plan assigned contract number. This should be the contract or certificate number for the subscriber and all of his/her dependents.
Point of Service (POS)	A point-of-service (POS) plan is a health maintenance organization (HMO) and a preferred provider organization (PPO) hybrid. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans
POS	See Point of Service
PR File	See Product File
Preferred Provider Organization (PPO)	A plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.
Primary Care Physician (PCP)	A physician who serves as a member's primary contact for health care. The primary care physician provides basic medical services, coordinates and, if required, authorizes referrals to specialists and hospitals.
Primary Insurance Indicator	A MA APCD Flag Indicator that reports if the payer adjudicated a Claim Line as the Primary Payer.
Private Health Care Payer	A carrier authorized to transact accident and health insurance under chapter 175, a nonprofit hospital service corporation licensed under chapter 176A, a nonprofit medical service corporation licensed under chapter 176B, a dental service corporation organized under chapter 176E, an optometric service corporation organized under chapter 176F, a self-insured plan to the extent allowable under federal law governing health care provided by employers to employees, or a health maintenance organization licensed under chapter 176G.
Product	Any offering for sale by a health plan or vendor. It typically describes carrier-based business models such as HMO, PPO but is also synonymous with processing services, network leasing, re-pricing vendors.

Term	Definition
Product Enrollment End Date	The date the member enrolled in the product
Product Enrollment Start Date	The date the member dis-enrolled in the product.
Product File (PR File)	A MA APCD file that reports all products that a carrier maintains as a saleable service. Typically these products are listed with the Division of Insurance.
Product Identifier	A unique identifier created by the submitter to each Product offered. It is used to link eligibilities to products and to validate claim adjudication per the product.
Provider	A health care practitioner, health care facility, health care group, medical product vendor, or pharmacy.
Provider File (PV File)	A MA APCD file containing information on all types of health care provider entities. Typically these are active, contracted providers.
Provider ID	A unique identifier assigned by the carrier or designee and reported in the MA APCD files.
Public Health Care Payer	The Medicaid program established in chapter 118E; any carrier or other entity that contracts with the office of Medicaid or the Commonwealth Health Insurance Connector to pay for or arrange for the purchase of health care services on behalf of individuals enrolled in health coverage programs under Titles XIX or XXI, or under the Commonwealth Care Health Insurance program, including prepaid health plans subject to the provisions of section 28 of chapter 47 of the acts of 1997; the Group Insurance Commission established under chapter 32A; and any city or town with a population of more than 60,000 that has adopted chapter 32B. Also includes Medicare.
PV File	See Provider File
QA	See Quality Assurance
Quality Assurance (QA)	The process of verifying the reliability and accuracy of data within the thresholds set and rationales reported.
Rebate Indicator	A MA APCD Flag Indicator that reports if a pharmacy line was open for any rebate activity.
Referral Indicator	A MA APCD Flag Indicator that reports if a claim line required a referral regardless of its final adjudication.
Reimbursement Form	A form created by a carrier for subscribers / members to submit incurred costs to the carrier that are reimbursable under the benefit plan.
Risk Type	Refers to whether a product was fully-insured or self-insured.
Route of Administration	Indicates how drug is administered. Orally, injection, etc.
Script number	The unique enumerated identifier that appears on a prescription form from a provider.
Self-Insured	A plan offered by employers who directly assume the major/full cost of health insurance for their employees. They may bear the entire risk, or insure against large claims by purchasing stop-loss coverage. The self-insured employers may contract with insurance carriers or third party administrators for claims processing and other administrative services; others are self-administered.
Service Provider Entity Type Qualifier	A MA APCD identifier used to refine a provider reporting into one of two categories, a person, or one of several

Term	Definition
	non-person entity types.
Service Provider Specialty	The specialty of the servicing provider with whom a patient sought care.
Service Rendering Provider	The health care professional that performed the procedure or provided direct patient oversight.
Severity Level	See DRG Level
Single/Multiple Source Indicator	Drug Source Indicator. An identifier used to report pharmacy product streams.
Site of Service - on NSF/CMS 1500 Claims	Place of Service Code as used on Professional Claims. This is a two-digit code that reports where services were rendered by a health care professional.
Special Coverage	A MA APCD identifier used to refine eligibility with non-traditional coverage models to explain covered services and networks for this population. Valid choices are Commonwealth Care, Health Safety Net or N/A if not applicable.
Submission Guide	The document that sets forth the required data file format, record specifications, data elements, definitions, code tables and edit specifications.
Submitter	Any entity that has been registered with the Center as a data submitter. This can be health plans, TPAs, PBMs, DBAs, or any entity approved to submit data on behalf of another entity; requires registration with the Center. See Organization ID.
Subscriber	The subscriber is the insurance policy holder. The individual that has opted into and pays a premium for health insurance benefits under a defined policy. In some instances, the subscriber can be the Employer, or a non-related individual in cases of personal injury.
Third-Party Administrator (TPA)	Any person or entity that receives or collects charges, contributions, or premiums for, or adjusts or settles claims for, Massachusetts residents on behalf of a plan sponsor, health care services plan, nonprofit hospital or medical service organization, health maintenance organization, or insurer.
Third-Party Liability (TPL)	Refers to the coverage provided by a specific carrier for certain risks; typically work, auto, personal injury related.
Threshold Reduction	A process of the APCD Variance Request that a submitter performs to reduce the percentage of quality data that they must submit. This is performed prior to submitting a file to insure that A-Level Thresholds are met to pass the file into Quality Assurance.
TPA	See Third-Party Administrator.
TPL	See Third-Party Liability.
Type of Bill - on Facility Claims	This is a two-digit code that reports the type of facility in which services were rendered.
UB04	See Universal Billing Form 04.
Unemployed	An individual that does not hold a paying position with a company.
Universal Billing Form 04	A standard billing form created by the National Universal Billing Committee for Facility Claims. The 04 refers to the last updated version of the claim format. It is typically a paper form but electronic versions of it exist.

Term	Definition
Variance	See Variance Request
Variance Request (VR)	A request to the Center that explains why an organization cannot submit a field (or fields), meet a threshold (or thresholds), or submit a file (or files). A form developed by the MA APCD that defines base reporting percentages for all data elements on all filing types, where the submitter may disclose reasons for not meeting base-percentage reporting, and request a threshold reduction to percentages that can be met.
Version Number	Version number of this claim service line. An enumeration process required by the MA APCD Claims Files to insure that the most recent line(s) of any given claim are used in that claims analysis at time of reporting.
Voided Claims	Claim lines filed that will be excluded from analysis (i.e. Claims that were deemed not eligible for payment, after initial payment was made, due to various qualifying conditions.) In the MA APCD System, these lines are matched to their opposite and last version from a previous submission and are not used in analysis at time of reporting.
Withhold Amount	The amount paid to the provider for this Claim Line if the provider qualifies / meets the agreed upon performance guarantees.

APPENDIX 9: EXTERNAL SOURCE CODES

The External Source Codes are an essential source for the collection and maintenance of the APCD data. These sources provide guidance through lookup tables and codes enabling CHIA to properly collect, standardize, and clean the data collected from the payers and providers. In the lookup tables featured in each file type's layout, the data element delineates whether an external source code was used to populate a lookup table.

APCD: External Code Sources		
1	**Countries**	American National Standards Institute 11 West 42nd Street, 13th Floor New York, NY 10036
2	**States and Other Areas of the US**	U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013
3	**Zip Codes**	U.S. Postal Service Washington, DC 20260
4	**Centers for Medicare and Medicaid Services National Provider Identifier**	Centers for Medicare and Medicaid Services Office of Financial Management Division of Provider/Supplier Enrollment C4-10-07 7500 Security Boulevard Baltimore, MD 21244-1850
5	**International Classification of Diseases Clinical Modification, 9th Revision**	U.S. Government Printing Office P.O. Box 371954 Pittsburgh, PA 15250
6	**International Classification of Diseases Clinical Modification, 10th Revision**	National Center for Health Statistics 3311 Toledo Road Hyattsville, MD 20782
7	**Healthcare Common Procedural Coding System**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MC 21244
8	**American Dental Association**	Salable Materials American Dental Association 211 East Chicago Avenue Chicago, IL 60611-2678

APCD: External Code Sources		
9	**Place of Service Codes for Professional Claims**	Centers for Medicare and Medicaid Services CMSO, Mail Stop S2-01-16 7500 Security Blvd Baltimore, MD 21244-1850
10	**National Uniform Billing Committee (NUBC) Codes**	National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606
11	**Diagnosis Related Group Number (DRG)**	Superintendent of Documents U.S. Government Printing Office Washington, DC 20402
12	**National Drug Code Format**	Federal Drug Listing Branch HFN-315 5600 Fishers Lane Rockville, MD 20857
13	**Health Care Provider Taxonomy**	The National Uniform Claim Committee c/o American Medical Association 515 North State Street Chicago, IL 60610
14	**Claim Adjustment Reason Codes**	Blue Cross / Blue Shield Association Interplan Teleprocessing Services Division 676 N. St. Clair Street Chicago, IL 60611
15	**North American Industry Classification System (NAICS)**	National Technical Information Service Alexandria, VA 22312

APPENDIX 10: RELEASE FILE COLUMN NAMES

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
DC	Derived-DC1	Submission Month	SubmissionYearMonth
DC	Derived-DC2	Submission Year	SubmissionYearMonth
DC	Derived-DC3	County of Member	Standardized_MemberCounty
DC	Derived-DC4	County of Service Provider	Standardized_ServiceProviderCounty
DC	Derived-DC6	Member ZIP code (first 3 digits)	MemberZIPCode
DC	DC001	Payer	Payer
DC	DC003	Dental Insurance Type Code/Product	DentalInsuranceTypeCodeProduct
DC	DC004	Payer Claim Control Number	PayerClaimControlNumber
DC	DC005	Line Counter	LineCounter
DC	DC005A	Version Number	VersionNumber
DC	DC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
DC	DC011	Individual Relationship Code	IndividualRelationshipCode
DC	DC012	Member Gender	MemberGender
DC	DC013	Member Birth (Year Only)	MemberDateOfBirthYear
DC	DC013	Member Birth Month	MemberDateofBirthMonth
DC	DC014	Member City Name	Standardized_MemberCityName
DC	DC015	Member State or Province	Standardized_MemberStateorProvince
DC	DC016	Member ZIP Code	Standardized_MemberZIPCode
DC	DC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
DC	DC018	Service Provider Number	ServiceProviderNumber_Linkage_ID
DC	DC020	National Service Provider ID	NationalServiceProviderID
DC	DC021	Service Provider Entity Type Qualifier	ServiceProviderEntityTypeQualifier

Release File Column Names: Level 2 Release Elements			
File Type	Element	Data Element Name	Release File Column Name
DC	DC022	Service Provider First Name	ServiceProviderFirstName
DC	DC023	Service Provider Middle Name	ServiceProviderMiddleName
DC	DC024	Service Provider Last Name or Organization Name	ServiceProviderLastNameorOrganizationName
DC	DC025	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
DC	DC026	Service Provider Specialty (Carrier-Specific Custom Values)	ServiceProviderSpecialty
DC	DC026	Service Provider Specialty (Standard Values)	ServiceProviderSpecialty
DC	DC027	Service Provider City Name	Standardized_ServiceProviderCityName
DC	DC028	Service Provider State	Standardized_ServiceProviderState
DC	DC029	Service Provider ZIP Code	Standardized_ServiceProviderZIPCode
DC	DC030	Facility Type - Professional	FacilityTypeProfessional
DC	DC031	Claim Status	ClaimStatus
DC	DC032	CDT Code	CDTCode
DC	DC033	Procedure Modifier - 1	ProcedureModifier1
DC	DC034	Procedure Modifier - 2	ProcedureModifier2
DC	DC035	Date of Service - From	DateofServiceFrom
DC	DC036	Date of Service - Thru	DateofServiceThru
DC	DC037	Charge Amount	ChargeAmount
DC	DC038	Paid Amount	PaidAmount
DC	DC039	Copay Amount	CopayAmount
DC	DC040	Coinsurance Amount	CoinsuranceAmount
DC	DC041	Deductible Amount	DeductibleAmount
DC	DC042	Product ID Number	ProductIDNumber_Linkage_ID
DC	DC045	Paid Date	PaidDate
DC	DC046	Allowed Amount	AllowedAmount

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
DC	DC047	Tooth Number/Letter	ToothNumberLetter
DC	DC048	Dental Quadrant	DentalQuadrant
DC	DC049	Tooth Surface	ToothSurface
DC	DC056	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
DC	DC057	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
DC	DC059	Claim Line Type	ClaimLineType
MC	Derived-MC1	Submission Month	SubmissionYearMonth
MC	Derived-MC2	Submission Year	SubmissionYearMonth
MC	Derived-MC3	County of Member	Standardized_MemberCounty
MC	Derived-MC4	County of Service Provider	Standardized_ServiceProviderCounty
MC	Derived-MC6	Member ZIP code (first 3 digits)	MemberZIPCode
MC	MC001	Payer	Payer
MC	MC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
MC	MC004	Payer Claim Control Number	PayerClaimControlNumber
MC	MC005	Line Counter	LineCounter
MC	MC005A	Version Number	VersionNumber
MC	MC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
MC	MC011	Individual Relationship Code	IndividualRelationshipCode
MC	MC012	Member Gender	MemberGender
MC	MC013	Member Birth (Month Only)	MemberDateofBirthMonth
MC	MC013	Member Birth (Year Only)	MemberDateofBirthYear
MC	MC014	Member City Name	Standardized_MemberCityName
MC	MC015	Member State or Province	Standardized_MemberStateorProvince
MC	MC016	Member ZIP Code	Standardized_MemberZIPCode

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
MC	MC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
MC	MC018	Admission Date	AdmissionDate
MC	MC018	Admission Month	AdmissionDateMonth
MC	MC018	Admission Year	AdmissionDateYear
MC	MC019	Admission Hour	AdmissionHour
MC	MC020	Admission Type	AdmissionType
MC	MC021	Admission Source	AdmissionSource
MC	MC022	Discharge Hour	DischargeHour
MC	MC023	Discharge Status	DischargeStatus
MC	MC024	Service Provider Number	ServiceProviderNumber_Linkage_ID
MC	MC026	National Service Provider ID	NationalServiceProviderID
MC	MC027	Service Provider Entity Type Qualifier	ServiceProviderEntityTypeQualifier
MC	MC028	Service Provider First Name	ServiceProviderFirstName
MC	MC029	Service Provider Middle Name	ServiceProviderMiddleName
MC	MC030	Servicing Provider Last Name or Organization Name	ServiceProviderLastNameorOrganizationName
MC	MC031	Service Provider Suffix	ServiceProviderSuffix
MC	MC032	Service Provider Specialty (Carrier-Specific Custom Values)	ServiceProviderSpecialty
MC	MC032	Service Provider Specialty (Standard Values)	ServiceProviderSpecialty
MC	MC033	Service Provider City Name	Standardized_ServiceProviderCityName
MC	MC034	Service Provider State	Standardized_ServiceProviderState
MC	MC035	Service Provider ZIP Code	Standardized_ServiceProviderZIPCode
MC	MC036	Type of Bill - on Facility Claims	TypeofBillOnFacilityClaims
MC	MC037	Site of Service - on NSF/CMS 1500 Claims	SiteofServiceOnNSFCMS1500Claims
MC	MC038	Claim Status	ClaimStatus

		Release File Column Names: Level 2 Release Elements	
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC039	Admitting Diagnosis	AdmittingDiagnosis
MC	MC040	E-Code	ECode
MC	MC041	Principal Diagnosis	PrincipalDiagnosis
MC	MC042	Other Diagnosis - 1	OtherDiagnosis1
MC	MC043	Other Diagnosis - 2	OtherDiagnosis2
MC	MC044	Other Diagnosis - 3	OtherDiagnosis3
MC	MC045	Other Diagnosis - 4	OtherDiagnosis4
MC	MC046	Other Diagnosis - 5	OtherDiagnosis5
MC	MC047	Other Diagnosis - 6	OtherDiagnosis6
MC	MC048	Other Diagnosis - 7	OtherDiagnosis7
MC	MC049	Other Diagnosis - 8	OtherDiagnosis8
MC	MC050	Other Diagnosis - 9	OtherDiagnosis9
MC	MC051	Other Diagnosis - 10	OtherDiagnosis10
MC	MC052	Other Diagnosis - 11	OtherDiagnosis11
MC	MC053	Other Diagnosis - 12	OtherDiagnosis12
MC	MC054	Revenue Code	RevenueCode
MC	MC055	Procedure Code	ProcedureCode
MC	MC056	Procedure Modifier - 1	ProcedureModifier1
MC	MC057	Procedure Modifier - 2	ProcedureModifier2
MC	MC058	ICD9-CM Procedure Code	ICD9CMProcedureCode
MC	MC059	Date of Service - From	DateofServiceFrom
MC	MC059	Date of Service - From (Month Only)	DateofServiceFromMonth
MC	MC059	Date of Service - From (Year Only)	DateofServiceFromYear
MC	MC060	Date of Service - To	DateofServiceTo

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
MC	MC060	Date of Service - To (Year Only)	DateofServiceToYear
MC	MC060	Date of Service - To (Month Only)	DateofServiceToMonth
MC	MC061	Quantity	Quantity
MC	MC062	Charge Amount	ChargeAmount
MC	MC063	Paid Amount	PaidAmount
MC	MC064	Prepaid Amount	PrepaidAmount
MC	MC065	Copay Amount	CopayAmount
MC	MC066	Coinsurance Amount	CoinsuranceAmount
MC	MC067	Deductible Amount	DeductibleAmount
MC	MC068	Patient Control Number	PatientControlNumber
MC	MC069	Discharge Date	DischargeDate
MC	MC069	Discharge Month	DischargeDateMonth
MC	MC069	Discharge Year	DischargeDateYear
MC	MC070	Service Provider Country Code	ServiceProviderCountryCode
MC	MC071	DRG	DRG
MC	MC072	DRG Version	DRGVersion
MC	MC073	APC	APC
MC	MC074	APC Version	APCVersion
MC	MC075	Drug Code	DrugCode
MC	MC076	Billing Provider Number	BillingProviderNumber_Linkage_ID
MC	MC077	National Billing Provider ID	NationalBillingProviderID
MC	MC078	Billing Provider Last Name or Organization Name	BillingProviderLastNameOrOrganizationName
MC	MC079	Product ID Number	ProductIDNumber_Linkage_ID
MC	MC080	Reason for Adjustment (Carrier-Specific Custom Values)	ReasonForAdjustment

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
MC	MC080	Reason for Adjustment (Standard Values)	ReasonForAdjustment
MC	MC081	Capitated Encounter Flag	CapitatedEncounterFlag
MC	MC083	Other ICD-9-CM Procedure Code - 1	OtherICD9CMProcedureCode1
MC	MC084	Other ICD-9-CM Procedure Code - 2	OtherICD9CMProcedureCode2
MC	MC085	Other ICD-9-CM Procedure Code - 3	OtherICD9CMProcedureCode3
MC	MC086	Other ICD-9-CM Procedure Code - 4	OtherICD9CMProcedureCode4
MC	MC087	Other ICD-9-CM Procedure Code - 5	OtherICD9CMProcedureCode5
MC	MC088	Other ICD-9-CM Procedure Code - 6	OtherICD9CMProcedureCode6
MC	MC089	Paid Date	PaidDate
MC	MC090	LOINC Code	LOINCCode
MC	MC092	Covered Days	CoveredDays
MC	MC093	Non Covered Days	NonCoveredDays
MC	MC094	Type of Claim	TypeofClaim
MC	MC095	Coordination of Benefits/TPL Liability Amount	CoordinationOfBenefitsTPLLiabilityAmount
MC	MC096	Other Insurance Paid Amount	OtherInsurancePaidAmount
MC	MC097	Medicare Paid Amount	MedicarePaidAmount
MC	MC098	Allowed amount	AllowedAmount
MC	MC099	Non-Covered Amount	NonCoveredAmount
MC	MC100	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
MC	MC108	Procedure Modifier - 3	ProcedureModifier3
MC	MC109	Procedure Modifier - 4	ProcedureModifier4
MC	MC110	Claim Processed Date	ClaimProcessedDate
MC	MC111	Diagnostic Pointer	DiagnosticPointer
MC	MC112	Referring Provider ID	ReferringProviderID_Linkage_ID

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
MC	MC113	Payment Arrangement Type	PaymentArrangementType
MC	MC114	Excluded Expenses	ExcludedExpenses
MC	MC115	Medicare Indicator	MedicareIndicator
MC	MC116	Withhold Amount	WithholdAmount
MC	MC117	Authorization Needed	AuthorizationNeeded
MC	MC118	Referral Indicator	ReferralIndicator
MC	MC119	PCP Indicator	PCPIndicator
MC	MC120	DRG Level	DRGLevel
MC	MC122	Global Payment Flag	GlobalPaymentFlag
MC	MC123	Denied Flag	DeniedFlag
MC	MC124	Denial Reason (Carrier-Specific Custom Values)	DenialReason
MC	MC124	Denial Reason (Standard Values)	DenialReason
MC	MC125	Attending Provider	AttendingProvider_Linkage_ID
MC	MC126	Accident Indicator	AccidentIndicator
MC	MC127	Family Planning Indicator	FamilyPlanningIndicator
MC	MC128	Employment Related Indicator	EmploymentRelatedIndicator
MC	MC129	EPSDT Indicator	EPSDTIndicator
MC	MC130	Procedure Code Type	ProcedureCodeType
MC	MC131	InNetwork Indicator	InNetworkIndicator
MC	MC132	Service Class	ServiceClass
MC	MC134	Plan Rendering Provider Identifier	PlanRenderingProviderIdentifier_Linkage_ID
MC	MC135	Provider Location	ProviderLocation_Linkage_ID
MC	MC136	Discharge Diagnosis	DischargeDiagnosis
MC	MC137	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
MC	MC138	Claim Line Type	ClaimLineType
MC	MC141	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
ME	Derived-ME1	Submission Month	SubmissionYearMonth
ME	Derived-ME2	Submission Year	SubmissionYearMonth
ME	Derived-ME3	County of Member	Standardized_MemberCounty
ME	Derived-ME4	County of Subscriber	Standardized_SubscriberCounty
ME	Derived-ME6	Member ZIP code (first 3 digits)	Standardized_MemberZIPCode
ME	Derived-ME9	Subscriber ZIP code (first 3 digits)	Standardized_SubscriberZIPCode
ME	ME001	Payer	Payer
ME	ME003	Insurance Type Code/Product	InsuranceTypeCodeProduct
ME	ME006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
ME	ME007	Coverage Level Code	CoverageLevelCode
ME	ME012	Individual Relationship Code	IndividualRelationshipCode
ME	ME013	Member Gender	MemberGender
ME	ME014	Member Birth (Month Only)	MemberDateOfBirthMonth
ME	ME014	Member Birth (Year Only)	MemberDateOfBirthYear
ME	ME015	Member City Name	Standardized_MemberCityName
ME	ME016	Member State or Province	Standardized_MemberStateorProvince
ME	ME017	Member ZIP Code	Standardized_MemberZIPCode
ME	ME018	Medical Coverage	MedicalCoverage
ME	ME019	Prescription Drug Coverage	PrescriptionDrugCoverage
ME	ME020	Dental Coverage	DentalCoverage
ME	ME021	Race 1	Race1
ME	ME022	Race 2	Race2

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
ME	ME023	Other Race	OtherRace
ME	ME024	Hispanic Indicator	HispanicIndicator
ME	ME025	Ethnicity 1	Ethnicity1
ME	ME026	Ethnicity 2	Ethnicity2
ME	ME027	Other Ethnicity	OtherEthnicity
ME	ME028	Primary Insurance Indicator	PrimaryInsuranceIndicator
ME	ME029	Coverage Type	CoverageType
ME	ME030	Market Category Code	MarketCategoryCode
ME	ME031	Special Coverage	SpecialCoverage
ME	ME032	Group Name	GroupName
ME	ME033	Member language preference	MemberLanguagePreference
ME	ME034	Member language preference -Other	MemberLanguagePreferenceOther
ME	ME035	Health Care Home Assigned Flag	HealthCareHomeAssignedFlag
ME	ME036	Health Care Home Number	HealthCareHomeNumber_Linkage_ID
ME	ME038	Health Care Home National Provider ID	HealthCareHomeNationalProviderID
ME	ME039	Health Care Home Name	HealthCareHomeName
ME	ME040	Product ID Number	ProductIDNumber_Linking_ID
ME	ME041	Product Enrollment Start Date	ProductEnrollmentStartDate
ME	ME042	Product Enrollment End Date	ProductEnrollmentEndDate
ME	ME046	Member PCP ID	MemberPCPID_Linkage_ID
ME	ME047	Member PCP Effective Date	MemberPCPEffectiveDate
ME	ME048	Member PCP Termination Date	MemberPCPTerminationDate
ME	ME049	Member Deductible	MemberDeductible
ME	ME050	Member Deductible Used	MemberDeductibleUsed

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
ME	ME051	Behavioral Health Benefit Flag	BehavioralHealthBenefitFlag
ME	ME052	Laboratory Benefit Flag	LaboratoryBenefitFlag
ME	ME053	Disease Management Enrollee Flag	DiseaseManagementEnrolleeFlag
ME	ME059	Disability Indicator Flag	DisabilityIndicatorFlag
ME	ME061	Student Status	StudentStatus
ME	ME062	Marital Status	MaritalStatus
ME	ME063	Benefit Status	BenefitStatus
ME	ME064	Employee Type	EmployeeType
ME	ME066	COBRA Status	COBRAStatus
ME	ME073	Fully insured member	FullyInsuredMember
ME	ME074	Interpreter	Interpreter
ME	ME075	NewMMISID	NewMMISID
ME	ME076	Member rating category	MemberRatingCategory
ME	ME077	Members SIC Code	MembersSICCode
ME	ME080	Recipient Historical Number (MassHealth only)	RecipientHistoricalNumber
ME	ME081	Medicare Code	MedicareCode
ME	ME107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
ME	ME108	Subscriber City Name	Standardized_SubscriberCityName
ME	ME109	Subscriber State or Province	Standardized_SubscriberStateorProvince
ME	ME110	Subscriber ZIP Code	Standardized_SubscriberZIPCode
ME	ME111	Medical Deductible	MedicalDeductible
ME	ME112	Pharmacy Deductible	PharmacyDeductible
ME	ME113	Medical and Pharmacy Deductible	MedicalandPharmacyDeductible
ME	ME114	Behavioral Health Deductible	BehavioralHealthDeductible

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
ME	ME115	Dental Deductible	DentalDeductible
ME	ME116	Vision Deductible	VisionDeductible
ME	ME117	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
ME	ME118	Vision Benefit	VisionBenefit
PC	Derived-PC1	Submission Month	SubmissionYearMonth
PC	Derived-PC2	Submission Year	SubmissionYearMonth
PC	Derived-PC3	County of Member	Standardized_MemberCounty
PC	Derived-PC4	County of Pharmacy Location City	Standardized_PharmacyLocationCounty
PC	Derived-PC5	County of Prescribing Physician	Standardized_PrescribingPhysicianCounty
PC	Derived-PC6	Member ZIP code (first 3 digits)	Standardized_MemberZIPFirst3
PC	PC001	Payer	Payer
PC	PC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
PC	PC004	Payer Claim Control Number	PayerClaimControlNumber
PC	PC005	Line Counter	LineCounter
PC	PC005A	Version Number	VersionNumber
PC	PC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
PC	PC011	Individual Relationship Code	IndividualRelationshipCode
PC	PC012	Member Gender	MemberGender
PC	PC013	Member Birth (Month Only)	MemberDateOfBirthMonth
PC	PC013	Member Birth (Year Only)	MemberDateOfBirthYear
PC	PC014	Member City Name of Residence	Standardized_MemberCityNameofResidence
PC	PC015	Member State	Standardized_MemberState
PC	PC016	Member ZIP Code	Standardized_MemberZIPCode
PC	PC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate

| | | Release File Column Names: Level 2 Release Elements | | |
File Type	Element	Data Element Name	Release File Column Name
PC	PC018	Pharmacy Number	PharmacyNumber
PC	PC020	Pharmacy Name	PharmacyName
PC	PC021	National Pharmacy ID Number	NationalPharmacyIDNumber
PC	PC022	Pharmacy Location City	Standardized_PharmacyLocationCity
PC	PC023	Pharmacy Location State	Standardized_PharmacyLocationState
PC	PC024	Pharmacy ZIP Code	Standardized_PharmacyLocationZIPCode
PC	PC024A	Pharmacy Country Code	PharmacyCountryCode
PC	PC025	Claim Status	ClaimStatus
PC	PC026	Drug Code	DrugCode
PC	PC027	Drug Name	DrugName
PC	PC028	New Prescription or Refill	NewPrescriptionOrRefill
PC	PC029	Generic Drug Indicator	GenericDrugIndicator
PC	PC030	Dispense as Written Code	DispenseasWrittenCode
PC	PC031	Compound Drug Indicator	CompoundDrugIndicator
PC	PC032	Date Prescription Filled	DatePrescriptionFilled
PC	PC032	Date Prescription Filled (Year Only)	DatePrescriptionFilledYear
PC	PC032	Date Prescription Filled (Month Only)	DatePrescriptionFilledMonth
PC	PC033	Quantity Dispensed	QuantityDispensed
PC	PC034	Days Supply	DaysSupply
PC	PC035	Charge Amount	ChargeAmount
PC	PC036	Paid Amount	PaidAmount
PC	PC037	Ingredient Cost/List Price	IngredientCostListPrice
PC	PC038	Postage Amount Claimed	PostageAmountClaimed
PC	PC039	Dispensing Fee	DispensingFee

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
PC	PC040	Copay Amount	CopayAmount
PC	PC041	Coinsurance Amount	CoinsuranceAmount
PC	PC042	Deductible Amount	DeductibleAmount
PC	PC043	Prescribing ProviderID	PrescribingProviderID_Linkage_ID
PC	PC044	Prescribing Physician First Name	PrescribingPhysicianFirstName
PC	PC045	Prescribing Physician Middle Name	PrescribingPhysicianMiddleName
PC	PC046	Prescribing Physician Last Name	PrescribingPhysicianLastName
PC	PC048	Prescribing Physician NPI - National Provider ID	PrescribingPhysicianNPI
PC	PC049	Prescribing Physician Plan Number	PrescribingPhysicianPlanNumber
PC	PC050	Prescribing Physician License Number	PrescribingPhysicianLicenseNumber
PC	PC051	Prescribing Physician Street Address	Standardized_PrescribingPhysicianStreetAddress
PC	PC052	Prescribing Physician Street Address 2	Standardized_PrescribingPhysicianStreetAddress2
PC	PC053	Prescribing Physician City	Standardized_PrescribingPhysicianCity
PC	PC054	Prescribing Physician State	Standardized_PrescribingPhysicianState
PC	PC055	Prescribing Physician Zip	Standardized_PrescribingPhysicianZIPCode
PC	PC056	Product ID Number	ProductIDNumber_Linkage_ID
PC	PC057	Mail Order pharmacy	MailOrderPharmacy
PC	PC058	Script number	ScriptNumber
PC	PC059	Recipient PCP ID	RecipientPCPID_Linkage_ID
PC	PC060	Single/Multiple Source Indicator	SingleMultipleSourceIndicator
PC	PC063	Paid Date	PaidDate
PC	PC064	Date Prescription Written	DatePrescriptionWritten
PC	PC064	Date Prescription Written (Year Only)	DatePrescriptionWrittenYear
PC	PC064	Date Prescription Written (Month Only)	DatePrescriptionWrittenMonth

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
PC	PC066	Other Insurance Paid Amount	OtherInsurancePaidAmount
PC	PC068	Allowed amount	AllowedAmount
PC	PC069	Member Self Pay Amount	MemberSelfPayAmount
PC	PC070	Rebate Indicator	RebateIndicator
PC	PC071	State Sales Tax	StateSalesTax
PC	PC072	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
PC	PC073	Formulary Code	FormularyCode
PC	PC074	Route of Administration	RouteOfAdministration
PC	PC075	Drug Unit of Measure	DrugUnitOfMeasure
PC	PC107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
PC	PC108	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
PC	PC110	Claim Line Type	ClaimLineType
PR	HD002	Payer	Orgid
PR	PR001	Linking Product ID Number	LinkingProductID
PR	PR002	Product Name	ProductName
PR	PR003	Carrier License Type	CarrierLicenceType
PR	PR004	Product Line of Business Model	ProductLineofBusinessModel
PR	PR005	Insurance Plan Market	InsurancePlanMarket
PR	PR006	Product Benefit Type	ProductBenefitType
PR	PR007	Other Product Benefit Description	OtherProductBenefitDescription
PR	PR008	Risk Type	RiskType
PR	PR009	Product Start Date	ProductStartDate
PR	PR010	Product End Date	ProductEndDate
PR	PR011	Product Active Flag	ProductActiveFlag

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
PR	PR012	Annual Per Person Deductible Code	AnnualPerPersonDeductibleCode
PR	PR013	Annual Per Family Deductible Code	AnnualPerFamilyDeductibleCode
PR	PR014	Coordinated Care model	CoordinatedCareModel
PV	Derived-PV1	County of Provider	Standardized_County
PV	Derived-PV2	County of Provider Mailing Address	Standardized_MailingCounty
PV	PV001	Payer	Payer
PV	PV002	Linking Plan Provider ID	LinkingProviderID
PV	PV006	License Id	LicenseId
PV	PV007	Medicaid Id	MedicaidId
PV	PV008	Last Name	LastName
PV	PV009	First Name	FirstName
PV	PV010	Middle Initial	MiddleInitial
PV	PV011	Suffix	Suffix
PV	PV012	Entity Name	EntityName
PV	PV013	Entity Code	EntityCode
PV	PV014	Gender Code	GenderCode
PV	PV015	Provider DOB (Year Only)	DOBDateYear
PV	PV016	Street Address1 Name	Standardized_StreetAddress1Name
PV	PV017	Street Address2 Name	Standardized_StreetAddress2Name
PV	PV018	City Name	Standardized_CityName
PV	PV019	State Code	Standardized_StateCode
PV	PV020	Country Code	CountryCode
PV	PV021	Zip Code	Standardized_ZIPCode
PV	PV022	Taxonomy	Taxonomy

File Type	Element	Data Element Name	Release File Column Name
		Release File Column Names: Level 2 Release Elements	
PV	PV023	Mailing Street Address1 Name	Standardized_MailingStreetAddress1Name
PV	PV024	Mailing Street Address2 Name	Standardized_MailingStreetAddress2Name
PV	PV025	Mailing City Name	Standardized_MailingCityName
PV	PV026	Mailing State Code	Standardized_MailingStateCode
PV	PV027	Mailing Country Code	MailingCountryCode
PV	PV028	Mailing Zip Code	Standardized_MailingZIPCode
PV	PV029	Provider Type Code	ProviderTypeCode
PV	PV030	Primary Specialty Code (Carrier-Specific Custom Values)	PrimarySpecialtyCode
PV	PV030	Primary Specialty Code (Standard Values)	PrimarySpecialtyCode
PV	PV034	ProviderIDCode	ProviderIDCode
PV	PV036	Medicare Id	MedicareId
PV	PV037	Begin Date	BeginDate
PV	PV038	End Date	EndDate
PV	PV039	National Provider ID	NationalProviderID
PV	PV040	National Provider2 ID	NationalProvider2ID
PV	PV042	Secondary Specialty2 Code (Carrier-Specific Custom Values)	SecondarySpecialty2Code
PV	PV042	Secondary Specialty2 Code (Standard Values)	SecondarySpecialty2Code
PV	PV043	Secondary Specialty3 Code (Carrier-Specific Custom Values)	SecondarySpecialty3Code
PV	PV043	Secondary Specialty3 Code (Standard Values)	SecondarySpecialty3Code
PV	PV044	Secondary Specialty4 Code (Carrier-Specific Custom Values)	SecondarySpecialty4Code
PV	PV044	Secondary Specialty4 Code (Standard Values)	SecondarySpecialty4Code
PV	PV045	P4PFlag	P4PFlag
PV	PV046	NonClaimsFlag	NonClaimsFlag

		Release File Column Names: Level 2 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
PV	PV047	Uses Electronic Medical Records	UsesElectronicMedicalRecords
PV	PV048	EMR Vendor	EMRVendor
PV	PV049	Accepting New Patients	AcceptingNewPatients
PV	PV050	Offers e-Visits	OfferseVisits
PV	PV052	Has multiple offices	Hasmultipleoffices
PV	PV054	Medical/Healthcare Home ID	MedicalHealthcareHomeID_Linkage_ID
PV	PV055	PCP Flag	PCPFlag
PV	PV056	Provider Affiliation	ProviderAffiliation_Linkage_ID
PV	PV057	Provider Telephone	Standardized_Telephone
PV	PV058	Delegated Provider Record Flag	DelegatedProviderRecordFlag
PV	PV060	Office Type	OfficeType
PV	PV061	Prescribing Provider	PrescribingProvider
PV	PV062	Provider Affiliation Start Date	ProviderAffiliationStartDate
PV	PV063	Provider Affiliation End Date	ProviderAffiliationEndDate
PV	PV064	PPO Indicator	PPOIndicator

		Release File Column Names: Level 3 Release Elements	
File Type	Element	Data Element Name	Release File Column Name
DC	DC002	National Plan ID	NationalPlanID
DC	DC007	Subscriber SSN	SubscriberSSN
DC	DC008	Plan Specific Contract Number	PlanSpecificContractNumber
DC	DC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
DC	DC010	Member Identification Code	MemberIdentificationCode
DC	DC013	Member Date of Birth	MemberDateofBirth

DC	DC019	Service Provider Tax ID Number	ServiceProviderTaxIDNumber
DC	DC043	Member Street Address	Standardized_MemberAddress2
DC	DC044	Billing Provider Tax ID Number	BillingProviderTaxIDNumber
DC	DC050	Subscriber Last Name	SubscriberLastName
DC	DC051	Subscriber First Name	SubscriberFirstName
DC	DC052	Subscriber Middle Initial	SubscriberMiddleInitial
DC	DC053	Member Last Name	MemberLastName
DC	DC054	Member First Name	MemberFirstName
DC	DC055	Member Middle Initial	MemberMiddleInitial
DC	DC058	Member Address 2	Standardized_MemberAddress2
DC	DC060	Former Claim Number	FormerClaimNumber
MC	MC002	National Plan ID	NationalPlanID
MC	MC007	Subscriber SSN	SubscriberSSN
MC	MC008	Plan Specific Contract Number	PlanSpecificContractNumber
MC	MC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
MC	MC010	Member SSN	MemberSSN
MC	MC013	Member Date of Birth	MemberDateofBirth
MC	MC025	Service Provider Tax ID Number	ServiceProviderTaxIDNumber
MC	MC082	Member Street Address	Standardized_MemberStreetAddress
MC	MC101	Subscriber Last Name	SubscriberLastName
MC	MC102	Subscriber First Name	SubscriberFirstName
MC	MC103	Subscriber Middle Initial	SubscriberMiddleInitial
MC	MC104	Member Last Name	MemberLastName
MC	MC105	Member First Name	MemberFirstName
MC	MC106	Member Middle Initial	MemberMiddleInitial
MC	MC139	Former Claim Number	FormerClaimNumber
MC	MC140	Member Address 2	Standardized_MemberAddress2

ME	Not Available	Geocoded Member Address	GeocodedMemberAddress
ME	ME002	National Plan ID	NationalPlanID
ME	ME004	Year	Year
ME	ME005	Month	Month
ME	ME008	Subscriber Unique Identification Number	SubscriberUniqueIdentificationNumber
ME	ME009	Plan Specific Contract Number	PlanSpecificContractNumber
ME	ME010	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
ME	ME011	Member Identification Code	MemberIdentificationCode
ME	ME014	Member Date of Birth	MemberDateofBirth
ME	ME037	Health Care Home Tax ID Number	HealthCareHomeTaxIDNumber
ME	ME043	Member Street Address	Standardized_MemberStreetAddress
ME	ME044	Member Address 2	Standardized_MemberAddress2
ME	ME054	Eligibility Determination Date - GIC Only	EligibilityDeterminationDate
ME	ME056	Last Activity Date - GIC Only	LastActivityDate
ME	ME057	Member Date of Death - GIC Only	DateOfDeath
ME	ME057	Member Year of Death	DateOfDeathYear
ME	ME058	Subscriber Street Address	Standardized_SubscriberStreetAddress
ME	ME060	Employment Status - GIC Only	EmploymentStatus
ME	ME065	Date of Retirement - GIC Only	DateOfRetirement
ME	ME067	Spouse Plan Type - GIC Only	SpousePlanType
ME	ME068	Spouse Plan - GIC Only	SpousePlan
ME	ME069	Spouse Medical Coverage - GIC Only	SpouseMedicalCoverage
ME	ME070	Spouse Medicare Indicator - GIC Only	SpouseMedicareIndicator
ME	ME071	Pool Indicator - GIC Only	PoolIndicator
ME	ME079	Recipient Identification Number (MassHealth only)	HashRecipientIdentificationNumber
ME	ME082	Employer Name	EmployerName
ME	ME083	Employer EIN	EmployerEIN

ME	ME101	Subscriber Last Name	SubscriberLastName
ME	ME102	Subscriber First Name	SubscriberFirstName
ME	ME103	Subscriber Middle Initial	SubscriberMiddleInitial
ME	ME104	Member Last Name	MemberLastName
ME	ME105	Member First Name	MemberFirstName
PC	PC002	National Plan ID	PlanID
PC	PC007	Subscriber SSN	SubscriberSSN
PC	PC008	Plan Specific Contract Number	PlanSpecificContractNumber
PC	PC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
PC	PC010	Member SSN	MemberSSN
PC	PC013	Member Date of Birth	MemberDateofBirth
PC	PC019	Pharmacy Tax ID Number	PharmacyTaxIDNumber
PC	PC047	Prescribing Physician DEA Number	PrescribingPhysicianDEANumber
PC	PC061	Member Street Address	Standardized_MemberStreetAddress
PC	PC062	Billing Provider Tax ID Number	BillingProviderTaxIDNumber
PC	PC065	Coordination of Benefits/TPL Liability Amount - GIC Only	CoordinationOfBenefitsTPLLiabilityAmount
PC	PC067	Medicare Paid Amount - GIC Only	MedicarePaidAmount
PC	PC101	Subscriber Last Name	SubscriberLastName
PC	PC102	Subscriber First Name	SubscriberFirstName
PC	PC103	Subscriber Middle Initial	SubscriberMiddleInitial
PC	PC104	Member Last Name	MemberLastName
PC	PC105	Member First Name	MemberFirstName
PC	PC106	Member Middle Initial	MemberMiddleInitial
PC	PC109	Member Street Address 2	Standardized_MemberAddress2
PC	PC111	Former Claim Number	FormerClaimNumber
PR	PR001	Product ID Number	ProductIDNumber
PV	PV002	Plan Provider ID	PlanProviderID

PV	PV003	Tax Id	TaxId
PV	PV004	UPIN Id - GIC Only	UPINId
PV	PV005	DEA ID	DEAId
PV	PV015	Provider DOB Date	DOBDate
PV	PV035	SSN Id	SSNId
PV	PV041	GIC Provider Link ID	PlanProviderID